

**CHESAPEAKE REDEVELOPMENT AND HOUSING AUTHORITY**  
**EMPLOYMENT APPLICATION**

Date: \_\_\_\_\_ Date Available: \_\_\_\_\_

Position Applying For: \_\_\_\_\_ SSN: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Are You:

Over the age of 18?  Yes  No

A previous CRHA Employee?  Yes  No

Legally able to work in the United States?  Yes  No

A licensed driver in the state of Virginia?  Yes  No

Have you ever been convicted of a:

Felony?  Yes  No

Misdemeanor?  Yes  No

Major Traffic Violation?  Yes  No

If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

A conviction record will not necessarily bar employment.

Do you have any relatives currently employed by CRHA?  Yes  No

If yes, list names and relationship to you: \_\_\_\_\_

## EMPLOYMENT RECORD

Please start with most recent. A resume providing this and/or additional information may be attached. Please attach a separate piece of paper if additional space is needed.

**Employer:** \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates Worked From: \_\_\_\_\_ To: \_\_\_\_\_

Yearly Salary: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_ Weekly Hours: FT \_\_\_\_\_ PT \_\_\_\_\_ Temp. \_\_\_\_\_

Job Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact?  Yes  No

Reason for Leaving: \_\_\_\_\_

**Employer:** \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates Worked From: \_\_\_\_\_ To: \_\_\_\_\_

Yearly Salary: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_ Weekly Hours: FT \_\_\_\_\_ PT \_\_\_\_\_ Temp. \_\_\_\_\_

Job Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact?  Yes  No

Reason for Leaving: \_\_\_\_\_

**Employer:** \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates Worked From: \_\_\_\_\_ To: \_\_\_\_\_

Yearly Salary: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_ Weekly Hours: FT \_\_\_\_\_ PT \_\_\_\_\_ Temp. \_\_\_\_\_

Job Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact?  Yes  No

Reason for Leaving: \_\_\_\_\_

## EDUCATION

High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

City and state: \_\_\_\_\_ Highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

If you did not complete H. S., do you have an H.S. Equivalency diploma (GED)? Yes  No

Please circle the number of years of post H.S. Education completed: 1 2 3 4 5 6 7 8 9 10

Name & Location of Institution:	Hrs.	Degree Rcvd.	Major	Dates Atnd.

If you plan to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: \_\_\_\_\_

Specialized or Technical Skills, Licenses, Certificates: \_\_\_\_\_

I understand that no question within this application is intended to secure information to be used for discrimination based on race, color, religion, sex, national origin, age or disability as prohibited by Federal Law.

I understand that neither this application nor any communication by any CRHA representative is intended to create or creates a contract of employment.

I hereby authorize CRHA to investigate my record with current and former employers and schools and release CRHA, my former employers, schools, and others providing information from any liability resulting from the release of this information.

I understand and agree that as a further condition of employment, I will submit at no personal expense to an examination by a physician selected by CRHA, prior to being employed and at any time job requirements dictate. I agree that the results of such examination may be released to CRHA or its authorized agent.

By signing my name below, I certify that all statements made by me on this application are true and complete to the best of my knowledge and I understand that misrepresentations or omissions may be cause for rejection, or may be cause for dismissal if hired.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION**

PLEASE TYPE OR PRINT

I, \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

understand that in conjunction with my application for employment, work to be performed under contract, promotion, volunteer position, reassignment, and/or retention ("Work") **CHESAPEAKE REDEVELOPMENT & HOUSING AUTHORITY (CRHA)** will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to **CRHA**. **CRHA** uses **Transunion**, a consumer-reporting agency, as an agent to perform its Employment related background investigations.

**Transunion** will utilize various sources of information it deems appropriate including but not limited to: criminal conviction records, current and former employers, department of motor vehicle records, military records, credit reporting agencies, education records, professional and personal references and workers compensation records including any and all injuries in compliance with the Americans with Disabilities Act. I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to **CRHA** and **Transunion**.

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of Work from the date indicated next to my signature. I understand and agree that where applied an electronic signature filed in electronic form shall have the same legal force and effect as my hand written signature. According to the Fair Credit Reporting Act, I will be notified by **CRHA** if Work is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to **CRHA**. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: **Transunion**. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.

**LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. PLEASE PRINT CLEARLY.**

Signed \_\_\_\_\_ Today's Date \_\_\_\_\_  
Name as it appears on your driver's license \_\_\_\_\_ Position Applied For \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State \_\_\_\_\_  
Other names you have used or are also known as, including maiden name, name changes and any aliases \_\_\_\_\_

**PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS**

Mo./Yr. / Mo./Yr.

Current Address: \_\_\_\_\_  
Street Apt.# City State Zip Code From \_\_\_\_\_  
Former Address: \_\_\_\_\_ / \_\_\_\_\_  
Street Apt.# City State Zip Code From To?  
Former Address: \_\_\_\_\_ / \_\_\_\_\_  
Street Apt.# City State Zip Code From To?  
Former Address: \_\_\_\_\_ / \_\_\_\_\_  
Street Apt.# City State Zip Code From To?

**Below is a summary of your rights under the Fair Credit Reporting Act.**

Please read to the bottom of the page and sign this document.

*Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.*

**A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney**

**General. Federal enforcers are:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System members banks(except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Saving associations and federally chartered saving banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act. 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

I acknowledge receipt of the preceding "Summary of Rights"

\_\_\_\_\_  
Signature

\_\_\_\_\_  
date

### Section 3 Questionnaire to be Completed by All Applicants for Employment

This data is collected for compliance with Section 3 of the Housing and Urban Development Act of 1968, as amended, and Executive Order 11246, as amended. **A "section 3 resident" is: 1) a public housing resident; or 2) a low- or very low-income person residing in the metropolitan area or Non-metropolitan County in which the Section 3 covered assistance is expended.** All information you provide will be confidential and will be used to prepare statistical reports. Your responses will not affect your employment application. Please complete all requested information and return this form along with your employment application.

1. **Applying for position of:** \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Sex:**  Male  Female

**Race:** Check code that best describes your race:

1= White/Caucasian  2=Black/African American  3=Asian  
 4=American Indian/Alaskan Native  5=Native Hawaiian/Other Pacific Islander

**Ethnicity:** Check code that describes your ethnicity:  1= Hispanic/Latino  2=Not Hispanic/Latino

2. **Current Income.** We need to know the economic impact this job has on the Community. Please review the chart below, match your household size (include yourself) with the **maximum** household income; then, place a checkmark next to the response that applies to your household.

80% Area Median Income limits

Household Size	1	2	3	4	5	6	7	8
Maximum Income	\$39,500	\$45,150	\$50,800	\$56,400	\$60,950	\$65,450	\$69,950	\$74,450

HUD FMR Area Chesapeake, VA

Applicable Year 2016

The total income received by all members of my household is:

less than the maximum income listed in the chart for the total number of persons in my household.

more than the maximum income listed in the chart for the total number of persons in my household.

3. **Check correct response. I live in:**  Public Housing  Housing Choice Voucher Program/Section 8  
 Subsidized/Assisted Housing  none of these

4. **Are you participating in a training program?** (Such as SETA, GAIN, EEOC, JPTA, etc.)?

Check one response.  Yes  No If yes which program? \_\_\_\_\_ When? \_\_\_\_\_

5. **Job Source:** how did you find out about this job? Please check one source:

- Newspaper (please specify which) \_\_\_\_\_
- Internet Website other than Housing Authority site (please specify) \_\_\_\_\_
- Housing Authority Internet Web Site
- Trade or Professional Publication (Please specify) \_\_\_\_\_
- Referred by a Friend or Relative
- Other means (please specify) \_\_\_\_\_

I declare that the above statements are true and correct to the best of my knowledge.

Your signature: \_\_\_\_\_

Date: \_\_\_\_\_