

WILLIAMSBURG REDEVELOPMENT AND HOUSING AUTHORITY

412 North Boundary Street, P.O. Box 411
Williamsburg, VA 23185

APPLICATION for EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Position Desired _____ Date _____

INSTRUCTIONS: Please furnish complete and accurate information. Applications will be verified.

PERSONAL INFORMATION: (Please print)

NAME: LAST NAME		FIRST NAME	MIDDLE NAME		
ADDRESS: NUMBER	STREET	CITY	STATE	ZIP CODE	
PHONE: WORK	HOME	SOCIAL SECURITY NUMBER:			
			-		-

Are you legally eligible for employment in the USA? Yes _____ No _____
(Proof of citizenship or immigration status will be required upon employment .)

Are you at least 18 years of age? Yes _____ No _____

Would you work: FULL TIME _____ PART TIME _____

Were you previously employed by WRHA? Yes _____ No _____ If yes, when? _____

What date will you be available for work? _____ Salary expected: _____

Have you ever been court-martialed or convicted of a crime (misdemeanor or felony) which has not been annulled or expunged or sealed by a court? (Conviction will not necessarily disqualify an applicant from employment.)

Yes _____ No _____ If yes, describe in full _____

List any relative(s) working for WRHA by name, relationship, and department: _____

Do you have a valid Virginia Driver's License? Yes _____ No _____

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, veteran status, or any other legally protected status.

EDUCATION: (Please print)

	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
ELEMENTARY SCHOOL			5 6 7 8	<input type="checkbox"/> YES <input type="checkbox"/> NO	
HIGH SCHOOL			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE OR UNIVERSITY			1 2 3 4 CREDIT HOURS COMPLETED _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER (SPECIFY)				<input type="checkbox"/> YES <input type="checkbox"/> NO	

Describe any specialized training you have received: _____

List professional, trade, business or civic activities and offices held. **You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:**

MILITARY SERVICE RECORD: (Please print)

Were you in the US Armed Forces? Yes _____ No _____ If yes, what branch? _____

Dates of duty: From: (MM-DD-YEAR) _____ To _____ Rank at discharge: _____

List duties in the service: _____

Describe any job-related training received in the United States Military: _____

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EMPLOYMENT EXPERIENCE: (Please print)

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. **You may exclude organizations that reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.**

EMPLOYER:	DATES EMPLOYED:	DESCRIBE DUTIES PERFORMED:
	month/yr. to month/yr.	
ADDRESS:		
JOB TITLE:	HOURS / WEEK:	HRLY. RATE / SALARY
		starting final
SUPERVISOR:	PHONE:	
REASON FOR LEAVING:		

EMPLOYER:	DATES EMPLOYED:	DESCRIBE DUTIES PERFORMED:
	month/yr. to month/yr.	
ADDRESS:		
JOB TITLE:	HOURS / WEEK:	HRLY. RATE / SALARY
		starting final
SUPERVISOR:	PHONE:	
REASON FOR LEAVING:		

EMPLOYER:	DATES EMPLOYED:	DESCRIBE DUTIES PERFORMED:
	month/yr. to month/yr.	
ADDRESS:		
JOB TITLE:	HOURS / WEEK:	HRLY. RATE / SALARY
		starting final

SUPERVISOR:	PHONE:			
REASON FOR LEAVING:				

If you need additional space, please continue on a separate sheet of paper.

ADDITIONAL INFORMATION (Please print)

Other Qualifications
Summarize special job-related skills and qualifications acquired from employment or other experience .

SPECIALIZED SKILLS (check Skills/Equipment operated)

_____ Word	_____ Fax	Other (list) _____
_____ Excel	_____ PBX System	_____
_____ Calculator	_____ wpm. Typing Speed	

REFERENCES: (Please print)

1.) Name: _____ Phone: () _____
Address: _____

2.) Name: _____ Phone: () _____
Address: _____

3.) Name: _____ Phone: () _____
Address: _____

4.) Name: _____ Phone: () _____
Address: _____

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature

Date

**WILLIAMSBURG REDEVELOPMENT AND HOUSING AUTHORITY
EEO INFORMATION**

THIS FORM IS OPTIONAL AND NOT A PART OF THE APPLICATION REVIEW PROCESS. IT WILL BE REMOVED AND KEPT APART FROM THE APPLICATION THROUGHOUT THE SELECTION AND HIRING PROCESS.

NAME: _____ PVA#: _____ DATE: _____

DATE OF BIRTH: _____ MARITAL STATUS: _____

SEX: MALE FEMALE (Please Circle) SOCIAL SECURITY NUMBER: _____

POSITION APPLIED FOR: _____

PLEASE CHECK BELOW THE CATEGORY WHICH BEST DESCRIBES THE ETHNIC-RACE GROUP WITH WHICH YOU IDENTIFY YOURSELF:

_____ Caucasian _____ African-American _____ Asian-American or Pacific Islander
_____ Native American _____ Hispanic _____ Other (Please specify) _____

HOW WERE YOU REFERRED TO THE WILLIAMSBURG REDEVELOPMENT AND HOUSING AUTHORITY?
