



ROANOKE REDEVELOPMENT AND HOUSING AUTHORITY

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

Employees of RRHA and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, national origin, citizenship, gender, age, disability, veteran status, or any other legally protected status in accordance with federal, state, and local statutes, regulations and ordinances.

NOTICE TO APPLICANTS

If you require an accommodation because of a physical or mental disability in order to participate in any phase of the application process, please make that fact known to the individual processing your application. If you are required to take any pre-employment screening tests, and you require an accommodation because of a physical or mental disability to enable you to take or successfully complete such a test, please make that fact known in advance to the test administrator. If an offer of employment is made and, because of a physical or mental disability, you will need an accommodation to perform any essential job function, please make that fact known to the individual processing your application.

PLEASE PRINT OR TYPE

POSITION APPLIED FOR: _____ Full-time _____ Part-time _____ Temporary _____

FULL LEGAL NAME: _____

PRESENT ADDRESS: _____
LAST FIRST MIDDLE
NUMBER STREET CITY STATE ZIP CODE

HOME PHONE NUMBER () _____ - _____ WORK PHONE NUMBER () _____ - _____ E-MAIL ADDRESS _____

HOW DID YOU LEARN ABOUT THIS POSITION? _____

ARE YOU RELATED TO ANOTHER RRHA EMPLOYEE? NO _____ YES _____ IF YES, PROVIDE NAME/RELATION:

DATE AVAILABLE TO START WORK, IF HIRED: _____ ARE YOU OVER 18 YEARS OF AGE? YES _____ NO _____

IF HIRED, COULD YOU PROVIDE DOCUMENTATION CERTIFYING THAT YOU ARE AUTHORIZED TO WORK IN THE U.S.? YES _____ NO _____

HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATION(S) OF LAW, INCLUDING MOVING TRAFFIC VIOLATIONS?
NO _____ YES _____ IF YES, EXPLAIN: _____

A "YES" answer will not necessarily be grounds for rejection. The relationship between the type, number and relatedness, of convictions may be considered.

Answer the following question only if a requirement for the position for which you are applying.

DO YOU HAVE A VALID DRIVER'S LICENSE ISSUED BY THE COMMONWEALTH OF VIRGINIA? YES _____ NO _____

All employees are required to be bonded under RRHA's Fidelity Bond. Please answer the following questions concerning bonding:

HAVE YOU EVER BEEN BONDED? YES _____ NO _____

HAVE YOU EVER BEEN REFUSED BOND OR HAD BOND COVERAGE REVOKED? NO _____ YES _____ IF YES, EXPLAIN: _____

DO YOU KNOW OF ANY REASON YOU WOULD BE REFUSED BOND? NO _____ YES _____ IF YES, EXPLAIN:

WORK RELATED SKILLS:

Proficient in Software: _____

Typing _____ wpm.

Office Equipment, Industrial Equipment and/or Machinery you can operate: _____

USE THIS SPACE FOR ANY ADDITIONAL INFORMATION YOU THINK WOULD HELP US EVALUATE YOUR APPLICATION, INCLUDING TRAINING, SEMINARS, WORKSHOPS, AND/OR SPECIALIZED ACHIEVEMENTS.

EDUCATION:	NAME/ADDRESS	# YRS ATTENDED?	DID YOU GRADUATE?	DEGREE
HIGH SCHOOL:	_____	_____	_____	_____
COLLEGE:	_____	_____	_____	_____
GRADUATE SCHOOL:	_____	_____	_____	_____

VOCATIONAL SCHOOL: _____

CERTIFICATIONS AND/OR LICENSES: _____

EMPLOYMENT HISTORY: *Starting with your present employer or most recent employer, please provide your complete employment history. Include any period of unemployment. If you have not previously worked for pay, you may list any applicable volunteer work you have done. If additional space is needed, you may attach a supplementary listing.*

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES _____ NO _____

1. COMPANY NAME: _____

ADDRESS: _____ BUSINESS PHONE: _____

POSITION HELD: _____ DUTIES: _____

SUPERVISOR: _____ SALARY (START/FINISH): _____ / _____

DATES OF EMPLOYMENT: (FROM-TO) _____ / _____ REASON FOR LEAVING _____

2. COMPANY NAME: _____

ADDRESS: _____ BUSINESS PHONE: _____

POSITION HELD: _____ DUTIES: _____

SUPERVISOR: _____ SALARY (START/FINISH): _____ / _____

DATES OF EMPLOYMENT: (FROM-TO) _____ / _____ REASON FOR LEAVING _____

3. COMPANY NAME: _____

ADDRESS: _____ BUSINESS PHONE: _____

POSITION HELD: _____ DUTIES: _____

SUPERVISOR: _____ SALARY (START/FINISH): _____ / _____

DATES OF EMPLOYMENT: (FROM-TO) _____ / _____ REASON FOR LEAVING _____

4. COMPANY NAME: _____

ADDRESS: _____ BUSINESS PHONE: _____

POSITION HELD: _____ DUTIES: _____

SUPERVISOR: _____ SALARY (START/FINISH): _____ / _____

DATES OF EMPLOYMENT: (FROM-TO) _____ / _____ REASON FOR LEAVING _____

APPLICANT'S STATEMENT:

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause revocation of any offer of employment by RRHA or may cause forfeiture on my part of any employment relationship with RRHA.

I understand that all information on this application is subject to verification and I hereby authorize RRHA to make any investigation of my education, employment, criminal and motor vehicle history. I further authorize RRHA to rely upon and use, as it sees fit, any information received from such contacts.

I understand that neither this document nor any offer of employment from RRHA constitutes an employment contract. Furthermore, I understand and agree that the position for which I am applying will be for no definite term and that either I, or RRHA, will have the right to terminate the employment relationship at any time, with or without cause, and with or without written notice.

I understand that RRHA's selection and hiring policy prohibits the hiring of any applicant who uses illegal drugs. Furthermore, I understand and agree that as a part of the post-job offer employment process, I will be required to submit to pre-employment drug screening at RRHA's expense. In addition, I understand and agree that should I refuse to submit to a drug-screening test or fail such a test, RRHA's offer of employment will hereby be rescinded. My signature below represents my consent to RRHA's pre-employment screening procedures.

I hereby agree to conform to the rules and regulations of the Roanoke Redevelopment & Housing Authority.

Signature of Applicant _____ Date: _____

**ROANOKE REDEVELOPMENT AND HOUSING AUTHORITY
(RRHA)**

DISCLOSURE

I hereby acknowledge and understand that the Roanoke Redevelopment and Housing Authority ("RRHA") may obtain reports, which may include a motor vehicle report, criminal background check, and/or employment and educational background verification, for employment purposes as a part of the pre-employment background investigation of my application for employment with RRHA and, if I am hired, thereafter at any time during my employment with RRHA.

By signing below, I am acknowledging that I have read, fully understand and voluntarily agree to the foregoing.

Applicant/Employee Signature

Date

APPLICANT DATA RECORD

Applicants and employees are treated without regard to race, color, religion, sex, national origin, age, marital or veteran status, or disability, or any other legally protected status. Solely to help us comply with government record keeping, reporting and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a **Confidential File** separate from the **Application for Employment**. Your application will receive the same consideration whether or not you elect to complete this survey and this information will not be considered in evaluation of your application. **SUBMISSION OF THIS INFORMATION IS STRICTLY VOLUNTARY.**

VOLUNTARY SURVEY

Position Applied For: _____

Check one: Male Female

Check one of the following race/ethnic designations*:

White (not of Hispanic origin) – all persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black/African American (not of Hispanic origin) – all persons having origins in any of the Black racial groups of Africa.

Hispanic – all persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Asian or Pacific Islander – all persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, i.e. China, India, Japan, Korea, the Philippine Islands, and Samoa.

American Indian or Alaskan Native – all persons having origins in any of the original peoples of North American, and who maintain cultural identification through tribal affiliation or community recognition.

Check if any of the following are applicable:

Veteran of Uniformed Services Individual with a Disability

Referral Source:

Roanoke Times Roanoke Tribune Friend Employment Flyer
 Agency (VEC/Other) Walk-in Internal Posting
 RRHA Web Site Internet (monster.com, etc.) Other

*Race/ethnic designations are taken from www.eeoc.gov