

Housing Authority of Paducah Application for Employment

Applications will only be accepted for open positions and must be received by the required deadline. NO generic applications will be accepted.

The Housing Authority of Paducah is an equal opportunity employer and takes affirmative action to ensure both job applicants and employees are given fair and equal treatment. All applicants will be considered without regard to race, color, religion, age, sex, sexual orientation, gender identity, pregnancy, childbirth, pregnancy/childbirth related medical conditions, genetic makeup, national origin, disability, veteran or family status, any other status or condition protected by applicable local, state, or federal laws, except where a bona fide occupational qualification applies. Equal access to the hiring process, services, and employment is available to all persons. Applicants requiring accommodations to the applications and/or interview process should contact a representative of the Human Resources Department.

INSTRUCTIONS: Please read carefully. Every item on this form should be answered to the best of your ability. Please print and use a pen. Upon employment, this application will become part of your permanent record with the Housing Authority of Paducah. *You are not required to supply any information that is prohibited by Federal, State, or Local law.*

No action will be taken on this application until all questions have been answered and the application has been signed and dated. Verification of eligibility to work in the U.S. will be required if an employment offer is made. You may request assistance in completing this application.

Employee Information:

Name _____
Last First Middle

Address _____
Street Apt. # City State Zip

Home Phone (____) _____ Cell Phone (____) _____ Social Security Number _____

Position(s) applied for _____

Have you filed an application here before? Yes No If yes, give date: _____

Have you been employed here before? Yes No If yes, give date: _____



Are any of your relatives presently employed with the Company? Yes No

If yes, please provide names of relatives, their positions, and departments.

Are you employed now? Yes No What date would you be available for work? _____

Wage expected? _____

Are you available to work? Full Time Part Time Shift Work Temporary
(Check all that apply)

Are you fluent in any foreign language (if job related)? List: _____

Are you over the age of 18? Yes No

Education:

	High School	College/University	Graduate/Professional
School Name			
Diploma/Degree Received			
Honors Received			
Describe Course of Study			

Do Not List Graduation Dates!

Employment Experience:

List all your work experience including military and voluntary service assignments. Start with your present or last job. Attach an additional sheet if necessary.

Employer: _____ Telephone: _____

Address: _____

Job Title: _____ Supervisor: _____

Dates Employed: From _____ To _____

Reason for Leaving : _____



Work Performed: _____

May We Contact This Employer? Yes No If no, why not? _____

Employer: _____ Telephone: _____

Address: _____

Job Title: _____ Supervisor: _____

Dates Employed: From _____ To _____

Reason for Leaving : _____

Work Performed: _____

May We Contact This Employer? Yes No If no, why not? _____

Employer: _____ Telephone: _____

Address: _____

Job Title: _____ Supervisor: _____

Dates Employed: From _____ To _____

Reason for Leaving : _____

Work Performed: _____

May We Contact This Employer? Yes No If no, why not? _____

Employer: _____ Telephone: _____

Address: _____

Job Title: _____ Supervisor: _____

Dates Employed: From _____ To _____



Reason for Leaving : _____

Work Performed: _____

May We Contact This Employer? Yes No If no, why not? _____

Skills/Training Certifications:

Please summarize your job-related skills, specialized training, or certifications:

List job related professional, trade, business, or civic associations and any offices held.
(Exclude memberships that would reveal sex, race, religion, national origin, age, color, disability, or other protected status.)

List job-related special accomplishments, publications, and awards. (Exclude information that would reveal sex, race, religion, national origin, age, color, disability, or other protected status.)

List any additional information you would like us to consider.



References:

Provide **complete** contact information on three (3) coworkers or supervisors (not related to you) we may contact these references. At least one of these must be a previous supervisor.

<i>Name</i>	<i>Company</i>	<i>Job Title</i>	<i>Work Phone</i>	<i>Other Phone</i>
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<i>Name</i>	<i>Company</i>	<i>Job Title</i>	<i>Work Phone</i>	<i>Other Phone</i>
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<i>Name</i>	<i>Company</i>	<i>Job Title</i>	<i>Work Phone</i>	<i>Other Phone</i>
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Acknowledgements:

Accuracy of Information. I certify that the information in this application is correct to the best of my knowledge. I understand and agree that any false, misleading, or incomplete information given in my application, interview(s), or other pre-employment questionnaires and procedure, regardless of when discovered by The Housing Authority of Paducah will be sufficient basis for my disqualification for employment, or, if already employed by The Housing Authority of Paducah, the termination of my employment with The Housing Authority of Paducah.

I agree that The Housing Authority of Paducah shall not be liable in any respect if I am not hired or if my employment is terminated as a result of providing such a false, misleading, or incomplete information.

Information Release. I authorize The Housing Authority of Paducah to contact any company institution, or individual it deems appropriate to investigate my education, employment history, character, qualifications, driving record, and any other job-related information. I give my full consent for all contacted persons, including former employers, to provide the information concerning this application. Further, I waive my right to bring a claim against these individuals for any damages arising from furnishing the requested information to the Housing Authority. I also release the Housing Authority from all liability that might result from checking such references. A copy of this authorization is valid as the original.

Employment Eligibility Verification. I understand that all post-offer employment eligibility verifications are processed through E-Verify Internet-Based System. I have received a copy of the "Notice of E-Verify Participation" and the "Right to Work" with this application.



Drug Testing and Fitness for Duty. The Housing Authority of Paducah is a drug-free workplace. A post-offer drug and alcohol screen and physical examination (as applicable to the position applied for) will be required. I understand that, as allowed by the Americans with Disabilities Act, any offer of employment may be withdrawn if I test positive for drugs and/or if a condition is discovered which does not permit me to perform the essential functions of the job and for which no reasonable accommodation can be made.

Criminal Background Check. I understand that The Housing Authority of Paducah requires and will conduct a criminal background check on all new employees prior to the first day of employment.

“At-Will” Status. I understand Kentucky is an “at will” state and that The Housing Authority of Paducah is an “at will” employer. Any offer of employment does not constitute an employment contract. Employment may be terminated at any time by either party, with or without cause.

Application Status. I understand this application is current for only 60 days. At the conclusion of this time, if you have not heard from Housing Authority and still wish to be considered for employment, it will be necessary to complete a new application.

Signature

Date

Attachments:

- (1) Authorization to Release Information of Employment Records
- (2) Section 3 Self-Certification Form & Income Limits Summary
- (3) Notice of E-Verify Participation
- (4) Right To Work
- (5) Voluntary Self-Identification of Disability

Please contact our Human Resources Department at: 270.450.4235, if you have any questions or concerns regarding this application, or the position you are applying for.





The Housing Authority of Paducah
2330 Ohio Street, Paducah, KY 42003
Telephone: (270) 450-4235 Fax: (270) 408-2331

Authorization to Release Information of Employment Records
(Complete one Release Form per previous employer)

TO: _____

ADDRESS: _____

I have applied for employment with the Housing Authority of Paducah. As part of the application process The Housing Authority of Paducah conducts reference checks.

I therefore authorize and request that you furnish relevant, job-related information to The Housing Authority of Paducah and/or its agents in connection with this application.

I release from liability and I agree not to assert any claims or causes of action against all persons, corporations, and organizations supplying this information to the Housing Authority and/or its agents.

A photocopy of its authorization is as effective as the original.

Name _____ Social Sec. # _____

Dates of Employment: From _____ To _____

Past Positions Held: _____

Department/Location: _____

If name changed (through marriage, etc.) please print former name: _____

Signature

Date

Email: lbarton@paducahousing.com

Website: www.paducahousing.com



The Housing Authority of Paducah
 2330 Ohio Street, Paducah, KY 42003
 Telephone: (270) 450-4235 Fax: (270) 408-2331

SECTION 3 RESIDENT SELF-CERTIFICATION AND SKILLS DATA FORM (Page 1 of 2)

Printed Name of Individual: _____ **Date:** _____

My home address is (must be a street address NOT a P.O. Box number):

Street Address Apt Number City State Zip

Phone #: _____ **Email Address:** _____

I certify that I am a legal resident of the United States and meet the income eligibility and federal guidelines for a Section 3 Resident below:

To qualify as a Section 3 Resident, you must meet one of the following standards:

Be a public housing resident or a Housing Choice Voucher program participant (Section 8 rent assistance voucher) managed by ACHA; OR

Be a low income or very low-income person who resides in the McCracken County area and whose total household income does not exceed the following amounts:

FY 2019 Income Limit Area	Median Family Income Explanation	FY 2019 Income Limit Category	1	2	3	4	5	6	7	8
McCracken County, KY	\$58,400		20,450	23,400	26,300	29,200	31,550	22,900	36,250	38,550
			12,490	16,910	21,330	25,750	30,170	33,900*	36,250*	38,550*
			32,700	37,400	42,050	46,700	50,450	54,200	57,950	61,650

(Check all that apply):

- I am a public housing resident (Name of housing development: _____)
- I am a Section 8 rent assistance participant
- I live in the service area of the Housing Authority (McCracken County)

My total annual household income is \$ _____ and there are a total of _____ people living in my household.



SECTION 3 RESIDENT SELF-CERTIFICATION AND SKILLS DATA FORM (Page 2 of 2)

- Graduated High School or GED Yes No
- Read & Speak English fluently Yes No
- Graduated College, Trade, or Technical School Yes No

Please list degree or certifications: _____

Check the Skills, Trades, and/or Professions you have been employed in or contracted to do for others:

- | | |
|---|--|
| <input type="checkbox"/> Drywall Hanging | <input type="checkbox"/> Telephone Customer Service |
| <input type="checkbox"/> Siding | <input type="checkbox"/> Personal Care Aide Receptionist |
| <input type="checkbox"/> Metal/ Steel Work | <input type="checkbox"/> Teaching/Training |
| <input type="checkbox"/> Cabinet Hanging | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Door Replacement | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> Trim/Carpentry | <input type="checkbox"/> Cleaning |
| <input type="checkbox"/> Heavy Equipment Operator | <input type="checkbox"/> Administrative/Clerical |
| <input type="checkbox"/> Exterior Plumbing | <input type="checkbox"/> Drywall Finishing |
| <input type="checkbox"/> Exterior Framing | <input type="checkbox"/> Interior Painting |
| <input type="checkbox"/> Stucco | <input type="checkbox"/> Framing |
| <input type="checkbox"/> Construction Cleaning | <input type="checkbox"/> Welding |
| <input type="checkbox"/> Concrete/Asphalt Work | <input type="checkbox"/> HVAC |
| <input type="checkbox"/> Roofing | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Interior Plumbing |
| <input type="checkbox"/> Fencing | |
| <input type="checkbox"/> Window/Door Replacement | |

- Driver License Commercial Driver's Licenses (CDL)
- Other _____ Other _____
- Other _____ Other _____

I am interested in: Training Opportunities Employment Opportunities Both

What career training are you interested in? _____



The Housing Authority of Paducah
2330 Ohio Street, Paducah, KY 42003
Telephone: (270) 450-4235 Fax: (270) 408-2331

I hereby certify to the U.S. Department of Housing and Urban Development (HUD) and to the Housing Authority of Paducah that all of the information on this form is true and correct. I attest under penalty of perjury at that my total household income and household size is as shown above, and that proof of this information may be requested in the future. If found to be inaccurate, I understand that I may be disqualified as an applicant and/or certified Section 3 individual which may be grounds for termination of training, employment, or contacts that resulted from this certification. I also understand that failure to complete this form completely and accurately may result in other administrative remedies available to HUD. Finally, I authorize the Housing Authority to include my name on a list of Section 3 Residents seeking employment and to include my contact information so that contractors may contact me.

Signature

Date



This Employer Participates in E-Verify

E-Verify™



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

Employment Verification.  Done.

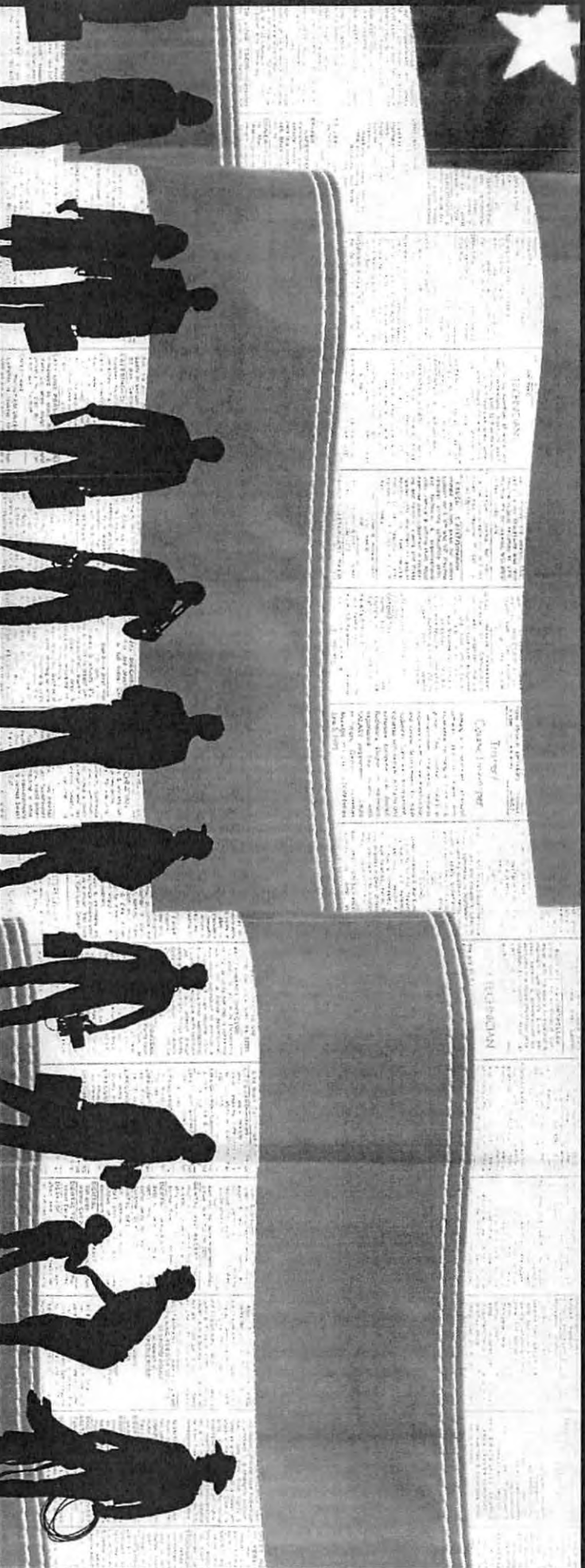
For more information on E-Verify, please contact DHS at:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA

IF YOU HAVE THE RIGHT TO WORK, Don't let anyone take it away.



If you have a legal right to work in the United States, there are laws to protect you against discrimination in the workplace.

You should know that –

No employer can deny you a job or fire you because of your national origin or citizenship status.

In most cases employers cannot require you to be a U.S. citizen or permanent resident or refuse any legally acceptable documents.

If any of these things have happened to you, you may have a valid charge of discrimination that can be filed with the OSC. Contact the OSC for assistance in your own language.

Call 1-800-255-7688, TDD for the hearing impaired is 1-800-237-2515.

In the Washington, D.C., area, please call 202-616-5594, TDD 202-616-5525

**U.S. Department of Justice
Civil Rights Division**

Office of Special Counsel for
Immigration-Related Unfair
Employment Practices

Or write to:

U.S. Department of Justice
Office of Special Counsel - INYA
950 Pennsylvania Ave., N.W.
Washington, DC 20530



Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

**Voluntary Self-Identification of
Disability**

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.