



Application #: \_\_\_\_\_

# SUFFOLK REDEVELOPMENT AND HOUSING AUTHORITY

530 East Pinner Street, Suffolk, Virginia 23434

Phone: 757-539-2100

Fax: 757-539-5184

AN EQUAL OPPORTUNITY EMPLOYER

**Due to Immigration and Control Act that was signed into laws on November 6, 1986, it is the Authority's intention to hire only individuals who are United States Citizens or Aliens authorized to work in the United States.**

Position Applied For: \_\_\_\_\_ Date Available: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Name: \_\_\_\_\_  
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

Address: \_\_\_\_\_  
(NUMBER) (STREET) (CITY & STATE) (ZIP CODE)

Home Telephone #: (\_\_\_\_) \_\_\_\_\_ Social Security #: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

If under 18 years of age, Date of Birth: \_\_\_\_\_ 19 \_\_\_\_\_

Do you have the legal right to work in the United States?  YES  NO

Do you have any relatives presently working for the Authority?  YES  NO

If yes, whom? \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you have any relatives on the Board of Commissioners?  YES  NO

If yes, whom? \_\_\_\_\_ Relationship: \_\_\_\_\_

Have you ever been employed by Suffolk Redevelopment and Housing Authority?  YES  NO

If so, when? From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_

**All positions require a valid drivers license and eligibility for coverage under the Authority's automobile insurance:**

Do you have a valid drivers license?  YES  NO

Have you received any traffic violations in the past 2 years?  YES  NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been in the Armed Services?  YES  NO

If yes, Branch of Service: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Have you ever been convicted of a felony or a misdemeanor, except a minor traffic violation in the past 7 years?  
(Note: A conviction will not necessarily disqualify applicant from employment.)  YES  NO

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been discharged or forced to resign from a position?  YES  NO

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

**EDUCATION**

High School:
Address:
College:
Address:
Type of Degree:
Date of Graduation:

College:
Address:
Type of Degree:
Date of Graduation:

Special Courses: (Please include School Name, Types of Courses, Credits. Use additional paper if more space is needed.)

Certifications: (Use additional paper if more space is needed.)

**WORK HISTORY**

Company Name:	
Dates of employment:	From: To:
Job Duties:	
Name /Title of Supervisor:	

Address:	
Phone:	Ending Salary:
Reason for leaving:	

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Dates of employment:	From: To:
Job Duties:	
Name/Title of Supervisor:	

Address:	
Phone:	Ending Salary:
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Dates of employment:	From: To:
Job Duties:	
Name/Title of Supervisor:	

Address:	
Phone:	Ending Salary:
Reason for leaving:	

**Begin with most current/recent employer and/or military service.**

State reason and length of inactivity between employers: \_\_\_\_\_

May we contact your present employer for a work reference?  YES  NO

To assist us in verifying your prior employment, have you ever worked under another name?  YES  NO

If yes, list name: \_\_\_\_\_

Give the name of three (3) reliable persons, other than past employer or relatives, who can furnish information to your ability and character.

**REFERENCES**

	NAME	ADDRESS	PHONE
1			
2			
3			

I hereby affirm that the information given in this application is true and accurate to the best of my knowledge and belief. I understand that any false statement contained herein will disqualify me for employment consideration with the Suffolk Redevelopment and Housing Authority.

I hereby authorize all my previous employers and persons listed as personal references to furnish any information concerning my personal character, work habits or employment record, and I release all such persons from liability for damages incurred as a result of furnishing such information.

Suffolk Redevelopment and Housing Authority is an equal opportunity employer. Our policy is to consider all applicants for employment based on their qualifications and our current job vacancies. Applicants are considered without regard to race, color, religion, national origin, age or disability.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date





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### **AUTHORIZATION TO RELEASE PERSONNEL INFORMATION**

I am seeking employment with Suffolk Redevelopment and Housing Authority and hereby authorize my past and present employers and past and present educational institutions to release information regarding my employment or educational transcript record with same.

Further, I understand that my past and present employers and past and present educational institutions are not responsible in any way for the uses made of this information by Suffolk Redevelopment and Housing Authority.

I hereby also release from liability the Suffolk Redevelopment and Housing Authority and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Should I be hired prior to the Suffolk Redevelopment and Housing Authority's completion of verification of employment work history, performance on the job, or education, any unsatisfactory reports, false information or omissions given by me may be considered grounds for my dismissal.

I also agree that a photocopy of this Agreement shall be as valid as the original.

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**Signature of Applicant**

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**Date**