

ROANOKE REDEVELOPMENT & HOUSING AUTHORITY

Section 3 Employment Referral Form

APPLICANT INFORMATION

Name: _____

Please indicate if you are a Participant in: Public Housing <input type="checkbox"/> Section 8 <input type="checkbox"/> Other <input type="checkbox"/> _____	Address: _____ City: _____ State: _____ Zip: _____ Phone Number: _____ Cell Phone: _____ E-mail: _____
--	---

EDUCATION

- GED High School Diploma College Credits Associate Degree
 Bachelors Degree Higher Education Professional License Trade/Training Certificate

WORK EXPERIENCE

Administrative/Office <input type="checkbox"/>	Health Care <input type="checkbox"/>	Construction/Trade* <input type="checkbox"/>	Landscaping/Lawn Maintenance <input type="checkbox"/>
Food Services <input type="checkbox"/>	Governmental* <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Equipment Operator* <input type="checkbox"/>
Transportation <input type="checkbox"/>	Retail <input type="checkbox"/>	Janitorial/Cleaning <input type="checkbox"/>	Manufacturing* <input type="checkbox"/>

*Specify information above if necessary: _____

COMPUTER SKILLS

Microsoft Word <input type="checkbox"/>	Microsoft Publisher <input type="checkbox"/>	Microsoft Excel <input type="checkbox"/>	Microsoft Outlook <input type="checkbox"/>	Microsoft Access <input type="checkbox"/>
Typing (wpm) ___ <input type="checkbox"/>	Web Programming <input type="checkbox"/>	Web Design <input type="checkbox"/>	Internet Research <input type="checkbox"/>	PowerPoint <input type="checkbox"/>

PLEASE ANSWER THE FOLLOWING:

YES

NO

Are you 16 – 18 years of age (Youth Build/Special Programs)?	<input type="checkbox"/>	<input type="checkbox"/>
Are you 18+ years of age	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a violation of the law?	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to take a drug screening?	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to lift 70 lbs.?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have 5 years verifiable employment/school history?	<input type="checkbox"/>	<input type="checkbox"/>
Do you possess a valid driver's license or state ID?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

STRENGTHS:

DESCRIBE ANY OTHER SKILLS:

RELEASE OF INFORMATION

I hereby authorize the Roanoke Redevelopment & Housing Authority (RRHA) to release this information to Section 3 Contractors for employment opportunities in connection with RRHA contract awards. Said information may also be released to other businesses that RRHA deems suitable for employment opportunities. I understand that RRHA staff will regard as confidential and privileged any information released to them and will use said information for the sole purpose of assisting me with obtaining employment opportunities with Section 3 contractors and other organizations in the community.

I understand that the information that is being released will identify me as a participant in Public Housing Program, or HCV Program, or as a recipient of Public Housing Funds, and I specifically consent to the release of this information.

Printed Name:	Date:
Date:	
Signature:	
Date:	
RRHA Staff Signature:	Date: