PLEASE RETURN APPLICATION TO:

Hugo Housing Authority
300 13th Place
Hugo, Oklahoma 74743
(580) 326-3348
Email to: rgilmore@hugoha.org

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Please read the following before completing application. Hugo Housing Authority is an Equal Employment Opportunity Agency; applicants are considered without regard to race, color, religion, sex, national origin, age or disability. Individuals with disabilities needing assistance completing this application may contact the housing authority by calling 580 326 3348 or emailing r_gilmore@hugoha.com. All questions must be answered. You may include your resume, however, **RESUMES WILL NOT BE ACCEPTED AS A SUBSTITUTE FOR APPLICATIONS**. Please type or print clearly (black or blue ink).

First Name	Middle Name	Last Name	Other Names

Current Address (Number/Street/City/State/Zip Code)	How Long?	Primary Number
Previous Address (Number/Street/City/State/Zip Code)	How Long?	Alternate Number

E-mail Address:

Are you over 18 years old? ☐		Are you authorized to work in the United States? ☐ Yes ☐ No

If you are an alien authorized by the Immigration and Naturalization Service to work in the United States, provide the following:
Number or Admission Number: Expiration of employment authorization, if any:

Date you can start:	Position Applying For:
REFERRED BY:	

EDUCATION

	SCHOOL NAME	CITY / STATE	DIPLOMA/DEGREE
High School	Last Grade Completed: Select from L GED ☐		
College/ Technical School			
College/ Technical School			

Major:	Minor:	Graduate Studies:
Undergraduate Hours:	Graduate Hours:	***Transcripts may be required.**

GENERAL DATA

Answer items 1 through 6 by placing an "X" in the proper column.	**YES**	**NO**
1. Are you now working for or have you previously worked for a Housing Authority? If yes, name of Housing Authority?	☐	☐
2. Do you or does your spouse have any relatives presently working for Hugo Housing Authority? If yes, please list the name(s), relationship and the department in which employed.	☐	☐
3. Are you aware of any reason which would keep you from working at a Public Housing Authority? If yes, please describe.	☐	☐
4. Are you licensed to operate a motor vehicle?	☐	☐

Driver's License Number:	State:	Class	Expiration: / /

Identification Endorsements:

5. Are you willing to work the hours assigned, including after hours? Select Belo

6. Other language(s) fluently Spoken: Read: Write:

7. Machine and equipment skills:	Typing–WPM:	PC software applications:

8. Special qualifications and skills: (Use this space to indicate any experience, skills, licenses, or certificates, etc., which your opinion would qualify you for the position you seek.)

EMPLOYMENT HISTORY

Employer:			**Supervisor and Title:**	
Address: (Number/Street/City/State/Zip Code)			**Job Title:**	
From: (Month/Year)	**To: (Month/Year)**	**Final Salary:**	**No. Of Persons Supervised:**	
Reason for Leaving:		May we contact the employer? ☐ Yes ☐ No Phone Number:		**Full Time** ☐ **Part Time** ☐ **Temporary** ☐
Duties:				

Employer:			Supervisor and Title:	
Address: (Number/Street/City/State/Zip Code)			Job Title:	
From: (Month/Year)	To: (Month/Year)	Final Salary:	No. Of Persons Supervised:	Full Time ☐
Reason for Leaving:		May we contact this employer? ☐ Yes ☐ No Phone Number: ( )		Part Time ☐ Temporary ☐
Duties:				

Employer:			Supervisor and Title:	
Address: (Number/Street/City/State/Zip Code)			Job Title:	
From: (Month/Year)	To: (Month/Year)	Final Salary:	No. Of Persons Supervised:	Full Time ☐
Reason for Leaving:		May we contact this employer? ☐ Yes ☐ No Phone Number: ( )		Part Time ☐ Temporary ☐
Duties:				

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Employer:			Supervisor and Title:	
Address: (Number/Street/City/State/Zip Code)			Job Title:	
From: (Month/Year)	To: (Month/Year)	Final Salary: No.	No. Of Persons Supervised	Full Time ☐
Reason for Leaving:		May we contact this employer? ☐ Yes ☐ No Phone Number: ( )		Part Time ☐ Temporary ☐
Duties:				

REFERENCES

List three persons other than relatives who have definite knowledge of your qualifications.

Full Name	Home or Business Address (Number/Street/City/State/Zip Code)	Phone Number	Business or Occupation	Years Acquainted
		( )		
		( )		
		( )		

By submitting and signing this application, I authorize and request any public or private business or other employee for whom I have worked or been employed, or with whom I have sought employment, to supply Hugo Housing Authority with any and all records pertaining to me that have been kept in the usual course of business, including but not limited to; drug and alcohol test results obtained within six months of the date of request for information by Hugo Housing Authority. The information obtained may be used by Hugo Housing Authority in making decisions with regard to my employment.

I authorize investigation of all statements contained in this application. I certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions. I am aware that should an investigation disclose any misrepresentation, omission or falsification, my application may be rejected, or if already employed, my employment may be terminated. References and previous employer will be contacted to confirm statements unless otherwise indicated. I also understand that if offered employment by Hugo Housing Authority, I may be required to pass a drug test as a condition of employment.

To the extent permitted by law, employees may be terminated for any reason and at any time without notice. As a matter of law, employees have no tenure. Employees may resign at any time without notice.

APPLICATIONS WILL NOT BE CONSIDERED UNLESS SIGNED & DATED; AND ALL QUESTIONS ARE ANSWERED.

DATE: _____ **APPLICANT'S SIGNATURE:** _____

*Applicant agrees that application may be used to offer other agency job openings at the discretion of the Hugo Housing Authority.

Date: _____ Signature: _____

Applicants needing assistance due to disability may contact Ryandal Gilmore at (580) 326-3348 or rgilmore@hugoha.org to request assistance.

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EEO DATA REPORTING F ORM
EQUAL OPPORTUNITY EMPLOYER

Date of Application

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The company is required by Federal law to maintain records as a part of its Affirmative Action Program. You are invited to answer the following questions. Refusal to answer these questions will not result in adverse treatment of any applicant. The information will be treated confidentially and will not be used in the employment process. The information on this form will not be made available to the hiring managers.

Last Name	First Name	Middle Name
Position for which you are applying	Sex (check appropriate box) M ☐ F ☐	Date of Birth
Race (select the appropriate answer) Select from L Are you Hispanic or Latino? ☐ Yes ☐ No		Are you a covered Veteran? ☐ Yes ☐ No

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SECTION 3 RESIDENT SELF-CERTIFICATION AND SKILLS DATA FORM (PAGE 1)
The purpose of this form is to comply with HUD Section 3 administration and certification regulations.

Printed Name of Individual: _

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

_____	_____	_____	_____	_____
Street Address	Apt. #	City	State	Zip

Phone Number: _____

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 HHA; OR

Be a low income or very low-income person whose total household income does not exceed the following amounts:

Family Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Household Income	$43,050	$49,200	$55,350	$61,500	$66,450	$71,350	$76,300	$81,200

(Check all that apply):

☐ I am a public housing resident - Name of housing development: _____) I am

☐ a Section 8 rent assistance participant with HHA (have a Housing Choice Voucher)

☐ I live in the service area of the Housing Authority (Choctaw County, OK)

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

Graduated High School or GED: Yes ☐ No ☐

Speak English: Yes ☐ No ☐

Graduated College, Trade, or Technical School

Please list degree or certifications: _____

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

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

☐ Drywall Hanging	☐ Drywall Finishing	☐ Interior Painting	☐ Construction Clean-Up
☐ Cabinet Hanging	☐ Door Replacement	☐ Trim/Carpentry	☐ Concrete/Asphalt Work
☐ Exterior Plumbing	☐ Interior Plumbing	☐ Landscaping	☐ Exterior Framing
☐ Electrical	☐ Window/Door	☐ Fencing	☐ Metal/Steel Work
☐ Framing	☐ Welding	☐ Stucco	☐ Heavy Equipment
☐ Siding	☐ Roofing	☐ HVAC	☐ Customer Service
☐ Data Entry	☐ Receptionist	☐ Janitorial	☐ Administrative/Clerical

Driver's License: State: Expires:

Commercial Driver's License: State: Expires:

Other: Other:

Other: Other:

I am interested in: ☐ Training Opportunities ☐ Employment Opportunities ☐ Both

I hereby certify to the U.S. Department of Housing and Urban Development (HUD) and to the Housing Authority of the City of Hugo that all of the information on this form is true and correct. I attest under penalty of perjury 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 a certified Section 3 individual which may be grounds for termination of training, employment, or contracts 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