



VIRGINIA HOUSING DEVELOPMENT AUTHORITY APPLICATION FOR EMPLOYMENT

ANSWER ALL QUESTIONS *Please type or print in ink*

1. Position Applied for: _____

2. Name: _____ Social Security Number: _____

3. Address: _____

City

State

Zip Code

4. Home Phone: _____ Office Phone: _____

5. May we contact you at your office? Yes No

If yes, what is the best time to call? _____

6. Have you ever been known by another name by schools, friends, or references? Yes No

If yes, by what name? _____

7. May we contact your present employer for a reference? Yes No

If yes, please provide your current supervisor's contact information:

Name

Title

Organization Name

Address

City

State

Zip Code

Telephone

8. Age Group: Under 18 18 or over

If under the age of 18, can you submit a work permit prior to beginning work? Yes No

9. Are you currently authorized to be lawfully employed in the United States? Yes No

Check here if your authorization is permanent: or
indicate the period of time for which you are presently authorized to work in the United States: _____

(Lack of current, permanent, or long-term authorization will not necessarily be a bar to employment. This information may be considered to compare your availability with VHDA's needs.)

10. Have you ever been convicted of a crime, other than traffic violations? Yes No
(Conviction will not be an absolute bar to employment.)

If yes, describe in detail, including applicable dates:



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11. Type of employment sought:

Full-time Part-time Hours if part-time: _____

Regular Temporary If temporary, how long? _____

12. Are you willing to travel? Never Occasionally Often, if job requires

13. Are you a veteran? Yes No

If yes, what was your branch of military service? _____

Rank: _____ Date of Discharge: _____

14. What is the minimum salary you will accept? _____

15. Typing: _____ WPM

16. PC Skills Yes No

If yes, list software packages: _____

17. **EDUCATION:** List all schools you have attended, including armed forces schools and correspondence courses.

School	Name/Location	No. Years Completed	Did You Graduate? Yes/No	Date of Graduation
Elementary				
Junior High				
High School				

School	Name/Location	Attended		Approx. No. Semester Hrs. Credit	Major/Degree/Certificate and Date
		From Mo/Yr	To Mo/Yr		
Business/Vocational					
College/Technical					
Graduate/Professional					
Other (e.g. Armed Forces, Correspondence, etc.)					



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18. EMPLOYMENT HISTORY: Begin with your present or latest position and work back to the first you held. Account for all periods of employment or unemployment. List in detail your duties and responsibilities that best demonstrate your qualifications for this position. Give military assignments, substituting rank for salary in each assignment. (Use additional sheets if necessary.)

(1) PRESENT OR LAST POSITION

Job Title: _____

Employer: _____

Address: _____

_____ Phone: _____

Type of business: _____

Name and title of supervisor: _____

Dates (mo/yr) _____ to (mo/yr) _____

Salary (start) _____ (final) _____

Full-time Part-time Hrs/wk _____

Your name if different from present: _____

Duties:

Equipment used:

#/title(s) of employees you supervised:

Reason for leaving:

(2) NEXT PREVIOUS POSITION

Job Title: _____

Employer: _____

Address: _____

_____ Phone: _____

Type of business: _____

Name and title of supervisor: _____

Dates (mo/yr) _____ to (mo/yr) _____

Salary (start) _____ (final) _____

Full-time Part-time Hrs/wk _____

Your name if different from present: _____

Duties:

Equipment used:

#/title(s) of employees you supervised:

Reason for leaving:



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(3) NEXT PREVIOUS POSITION

Job Title: _____
 Employer: _____
 Address: _____
 _____ Phone: _____

Type of business: _____
 Name and title of supervisor: _____

Dates (mo/yr) _____ to (mo/yr) _____
 Salary (start) _____ (final) _____

Full-time Part-time Hrs/wk _____

Your name if different from present: _____

Duties:

Equipment used:

#/title(s) of employees you supervised: _____

Reason for leaving: _____

19. REFERENCES: List names, addresses, and occupation of three persons not related to you who know your qualifications.

Name	Address	Phone	Occupation

20. List any relatives who work for VHDA: _____

21. How did you hear of this employment opportunity with VHDA?

- Advertisement
 School Placement Office
 Employment Agency
 Friend or Relative
 Other _____

22. Have you been employed by VHDA previously? Yes No

If yes, please give dates: _____

23. Are there any other job related experiences, qualifications, skills, scholastic honors, memberships, etc. that will be of special benefit in the job for which you are applying?



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APPLICANT'S STATEMENT

I hereby certify that this application is a complete record and that all entries given in it are true and accurate to the best of my knowledge. I understand that this application is not (and is not intended to be) a contract of employment. I understand that, if employed, I may be discharged for false or misleading information given either herein or in an interview. I further understand that if I am employed by VHDA, my employment is at will and that the Authority has the right to terminate the employment of any employee(s) for any reason at any time.

Date: _____ Signed: _____

The Virginia Housing Development Authority considers qualified applicants for all positions without regard to race, color, religion, sex, age, national origin, marital status, disability, or any other non-job-related conditions or considerations.