



## APPLICATION FOR EMPLOYMENT

All applicants will receive consideration without regard to race, color, religious creed, age, national origin, sex, gender identity, sexual orientation, ancestry, military status, veteran status, or disability.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

### PERSONAL INFORMATION

• Name:		
• Mailing address:		
• Telephone number:		
• Email address:		
• Are you at least 18 years of age?	Yes	No
○ If no, can you provide a work permit?	Yes	No
• Are you legally authorized to work in the U.S.?	Yes	No
• Languages (besides English) spoken:		

### EMPLOYMENT DESIRED

• Position applying for:		
• How did you hear about this position?		
• Date you can start:		
• Seeking full, or part-time hours?	Full-time	Part-time
• Are you currently employed?	Yes	No
• Previously employed by the WHA?	Yes	No
○ If yes, when?		
○ In what position(s)?		
• Do any relatives or members of your household currently work for the WHA?	Yes	No
○ If yes, who?		

### RESUME ATTACHED?

Yes. Continue to page 3 (skip page 2).

No. Continue to page 2.

*The Worcester Housing Authority provides reasonable accommodations to applicants with disabilities.  
The Worcester Housing Authority provides preference to Section 3 applicants.*

**EMPLOYMENT EXPERIENCE:**

Summarize your last five years of employment, starting with your present or most recently-held job. You may include any work performed on a volunteer basis, as well as any military service.

Employer:	Dates Employed:
Address:	From:
Job Title:	To:
Job Duties:	
Reason for Leaving:	

Employer:	Dates Employed:
Address:	From:
Job Title:	To:
Job Duties:	
Reason for Leaving:	

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Job Duties:	
Reason for Leaving:	

**EDUCATIONAL BACKGROUND**

Level	School Name & Location	Did you graduate?	Degree earned and course of study
High School		Yes No	
College		Yes No	
Graduate School		Yes No	
Other		Yes No	

**SPECIAL SKILLS & QUALIFICATIONS**

List any special, job-related skills, qualifications, certifications, or licenses.

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## SECTION 3 ELIGIBILITY DETERMINATION

The Section 3 program requires that recipients of certain HUD financial assistance, to the greatest extent possible, provide training, employment, contracting and other economic opportunities to low- and very low-income persons, especially recipients of government assistance for housing, and to businesses that provide economic opportunities to low- and very low-income persons. If you are a recipient of government assistance for housing or if your household income falls below HUD's income limits, you may qualify as a Section 3 resident or Section 3 business concern.

Are you a resident of public housing?	Yes	No
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Are you a Section 8 participant?	Yes	No
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Check the box in the last column that corresponds to the number of people in your household if your annual household income falls within the range specified. If not, check "none of the above."

Number of people in household	Annual household income	
1	\$44,950 or less	<input type="checkbox"/>
2	\$51,400 or less	<input type="checkbox"/>
3	\$57,800 or less	<input type="checkbox"/>
4	\$64,200 or less	<input type="checkbox"/>
5	\$69,350 or less	<input type="checkbox"/>
6	\$74,500 or less	<input type="checkbox"/>
7	\$79,650 or less	<input type="checkbox"/>
8	\$84,750 or less	<input type="checkbox"/>
None of the above, not applicable		<input type="checkbox"/>

I certify that the information provided is true and accurate and I agree to provide, upon request, documents that verify the information above. I understand that designation as a Section 3 applicant does not guarantee selection for employment. By signing below, you are agreeing to these terms.

Signature	Date
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## PLEASE READ CAREFULLY AND SIGN BELOW

I certify that the information provided in this application for employment is true and complete, and I understand that misrepresentation and/or withholding of information will result in the rejection of this application, or my discharge if discovered after employment begins. I authorize the WHA to make inquiries regarding the information contained in this application from any of my prior employers and educational institutions and release the WHA and all such employers and educational institutions (and individuals acting on their behalf) from any liability with respect to such inquiries.

Signature	Date
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