



NEWPORT NEWS REDEVELOPMENT AND HOUSING AUTHORITY
Post Office Box 797, Newport News, VA 23607-0797

APPLICATION for EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER (EOE)

NNRHA is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify Human Resources at (757) 928-2620.

PERSONAL INFORMATION

PVA #:				
Position Applied For:				
Name:			Last 4 of Social Security #:	
Last	First	Middle		
Address:				
Number/Street	City	State	Zip Code	
Home Phone:		Cell Phone:		Work Phone:

GENERAL BACKGROUND INFORMATION

	Yes	No
Are you a citizen of the United States?	<input type="checkbox"/>	<input type="checkbox"/>
If no, do you have the legal right to work in the United States?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently employed by NNRHA?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been employed by NNRHA? If yes, please give dates of employment: From: _____ To: _____ Position Held: _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any relatives currently employed by NNRHA? If yes, please give name, relationship, department and position:	<input type="checkbox"/>	<input type="checkbox"/>

EDUCATIONAL BACKGROUND

Indicate Highest Level Completed:		Elementary/Secondary: <input type="checkbox"/>		College: <input type="checkbox"/>	Graduate School: <input type="checkbox"/>
Name of High School	Location	Hours Completed	Degree Earned	Major or Specialty	Dates Attended
Name of College/University	Location	Hours Completed	Degree Earned	Major or Specialty	Dates Attended
Other (i.e., vocational, technical, business, etc.)					

LICENSES AND CERTIFICATIONS

License/Certification	State	Expiration
Indicate type of Driver's License: Standard <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/> Class		
List any licenses/certifications or other authorization you possess to practice a trade or profession (CPA, CPR, LCSW, etc.) including state and expiration date:		

COMPUTER SKILLS

Indicate Computer Skills: Word <input type="checkbox"/> Excel <input type="checkbox"/> Access <input type="checkbox"/> Typing Speed WPM
List any additional software experience:

EMPLOYMENT AND VOLUNTEER EXPERIENCE

The Application for Employment and any Supplementary Experience Form(s) must be completed. A resume may be attached. Starting with your most recent position, describe all paid, military, and applicable volunteer experience. Describe those duties and responsibilities which best demonstrate your qualifications for this position. Please indicate number of attachments:

May we contact your current employer? Yes No

Job Title:	Immediate Supervisor:
Employer:	Address:
Phone:	Type of Business:
Dates of Employment - From: To:	Hours/Week: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Reason for Leaving:	Volunteer <input type="checkbox"/>
Job Duties:	

Job Title:	Immediate Supervisor:
Employer:	Address:
Phone:	Type of Business:
Dates of Employment - From: To:	Hours/Week: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Reason for Leaving:	Volunteer <input type="checkbox"/>
Job Duties:	

Job Title:	Immediate Supervisor:
Employer:	Address:
Phone:	Type of Business:
Dates of Employment - From: _____ To: _____	Hours/Week: _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Reason for Leaving:	Volunteer <input type="checkbox"/>
Job Duties: _____ _____ _____ _____ _____	

REFERENCES

Full Name:	Relationship:
Company:	Address:
Phone:	Type of Business:
Full Name:	Relationship:
Company:	Address:
Phone:	Type of Business:
Full Name:	Relationship:
Company:	Address:
Phone:	Type of Business:

APPLICANT'S STATEMENT: I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information or the omission of information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature **Date**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, veteran status, or any other legally protected status.





Equal Employment Opportunity Form

Applicant Information

Full Name: _____
 Last First M.I.
 Address: _____
 Street Address Apartment/Unit #
 City State ZIP Code
 Home Phone: () Social Security Number: _____
 Position Applied for: _____

Voluntary Information

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company.

Racial or Ethnic Group

- American Indian/Alaskan Asian/Pacific Islander Black/African American
 Hispanic/Latino White/Caucasian Other

Gender

- Female Male

Military Service

- Pre-Vietnam Era Vietnam Era
 Post-Vietnam Era Disabled Veteran

How did you hear about this position?

- Newspaper Company Employee Professional Publication
 Job Fair Placement Office Web Site
 Other _____

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