

**PUBLIC HOUSING AGENCY
SAINT PAUL**

555 N Wabasha St., Suite 400
Saint Paul, Minnesota 55102
(651) 298-5664

**EQUAL OPPORTUNITY/AFFIRMATIVE
ACTION EMPLOYER**

APPLICATION FOR EMPLOYMENT

PLEASE READ CAREFULLY:

Please print in ink or type the requested information in the spaces provided. If additional space is required, use separate sheets of paper. Fill the application out completely and accurately. Failure to complete the application may result in disqualification, and a decision to employ you could be affected by the information you give us. Resumes will be accepted but please complete the information on the application.

Filing an application does not imply that the applicant will be employed, even though there is compliance with every requirement.

PERSONAL:

Title or kind of position (job) you desire	Date
Name (last, first, middle)	Home Phone
Street Address	Cell Phone
City, State, Zip	Business Phone
Have you worked for the St. Paul PHA before? <input type="checkbox"/> yes <input type="checkbox"/> no if so, when: _____	When will you be available
Do you have any ownership interest in any rental property in St. Paul that is currently assisted by Section 8? <input type="checkbox"/> yes <input type="checkbox"/> no	
Are you related, other than as a spouse, to any PHA employee or commissioner? <input type="checkbox"/> yes <input type="checkbox"/> no Name: _____ Relationship: _____	
Are you currently 18 years of age or older? <input type="checkbox"/> yes <input type="checkbox"/> no	
Answer the following if suitable transportation is required for the job: Do you have a valid driver's license? <input type="checkbox"/> yes <input type="checkbox"/> no Do you have a suitable vehicle for work? <input type="checkbox"/> yes <input type="checkbox"/> no	Will you accept: yes no Full time work <input type="checkbox"/> <input type="checkbox"/> Part time work <input type="checkbox"/> <input type="checkbox"/> Temporary work <input type="checkbox"/> <input type="checkbox"/> Internship <input type="checkbox"/> <input type="checkbox"/>
Are you legally authorized to work in the USA? <input type="checkbox"/> yes <input type="checkbox"/> no (Proof of US citizenship or work authorization will be required if you are offered a job with the PHA)	

EDUCATION (If you need more room, please attach a separate sheet of paper):

Do you have a high school diploma or GED equivalency? yes no

School	Name and location of school	Course of study	No. of years completed	Did you graduate?	Degree or diploma
High School				<input type="checkbox"/> yes <input type="checkbox"/> no	
Business/Trade/Technical/Military				<input type="checkbox"/> yes <input type="checkbox"/> no	
College				<input type="checkbox"/> yes <input type="checkbox"/> no	
Graduate				<input type="checkbox"/> yes <input type="checkbox"/> no	

EXPERIENCE: Start with your present job and work back. Include all paid or unpaid, full or part time, military or summer jobs. **Do not mark application "see resume"**. You may attach a resume in addition to completing this form. Do not mark application "see previous application". You may submit additional sheets in this format if necessary.

Current or most recent employer.

1. Name of Organization: _____ Employment Dates: _____
 Name of Dept./Div.: _____ From: _____ To: _____
 Address: _____ Month/Year Month/Year
 Phone Number: _____ Hours per week: _____
 Your Job Title: _____ Supervisor: _____
 Reason for leaving: _____

Major Duties or Responsibilities	% of Time Performing Duty
1.	
2.	
3.	
4.	
5.	

May we contact this employer? yes no

2. Name of Organization: _____ Employment Dates: _____
 Name of Dept./Div.: _____ From: _____ To: _____
 Address: _____ Month/Year Month/Year
 Phone Number: _____ Hours per week: _____
 Your Job Title: _____ Supervisor: _____
 Reason for leaving: _____

Major Duties or Responsibilities	% of Time Performing Duty
1.	
2.	
3.	
4.	
5.	

3. Name of Organization: _____ Employment Dates: _____
 Name of Dept./Div.: _____ From: _____ To: _____
 Address: _____ Month/Year Month/Year
 Phone Number: _____ Hours per week: _____
 Your Job Title: _____ Supervisor: _____
 Reason for leaving: _____

Major Duties or Responsibilities	% of Time Performing Duty
1.	
2.	
3.	
4.	
5.	

4. Name of Organization: _____ Employment Dates: _____
 Name of Dept./Div.: _____ From: _____ To: _____
 Address: _____ Month/Year Month/Year

Phone Number: _____

Hours per week: _____

Your Job Title: _____

Supervisor: _____

Reason for leaving: _____

Major Duties or Responsibilities	% of Time Performing Duty
1.	
2.	
3.	
4.	
5.	

APPLICANT CERTIFICATION

Before signing this certification, read the following carefully.

1. ALL INFORMATION IS TRUE AND COMPLETE. I certify that all the information I have given on this application is true and complete to the best of my knowledge. I understand that I will not be hired, or will be terminated later, if I give false information or leave out requested information.
2. VERIFICATION. I authorize the PHA to verify this information to determine whether or not I am qualified for the position for which I am applying.
3. AUTHORIZATION TO RELEASE INFORMATION. (Good for one year from this date) I authorize all of my current and past employers to give job related information to the PHA. In addition, I authorize the educational institutions I attended to release my records related to my academic performance. This information is to be used by the PHA to decide whether to hire me. If I am or was a tenant of the PHA, the PHA may also use information from my employers to check if I am or was eligible for housing assistance. I hereby release the Public Housing Agency of the City of Saint Paul from any and all liability from whatsoever nature by reason of requesting such information from any person.
4. CHANGES TO INFORMATION. I understand that I must notify the PHA in writing of any changes to information I have given on this application.
5. JOB TESTS. I understand that I may be required to take one or more tests to help the PHA decide whether to hire me. Some tests may show my personal fitness, job skills and other qualifications for particular jobs.
6. WAIVER OF CLAIMS FOR INJURIES OR DAMAGES. If the PHA permits me to take job-related tests, I waive any claims I might have against the PHA or its agents or employees for personal injuries or property damage related to my taking the tests. I accept personal liability for any risks involved in the tests.
7. DATA PRIVACY. I have read the Privacy Statement (Tennessee Warning) on the back of this page.
8. PRE-EMPLOYMENT PHYSICAL/CRIMINAL BACKGROUND CHECK. I understand that any offer of employment will be contingent upon satisfactorily passing a pre-employment physical examination and a criminal background check.

Signature _____

Date _____

The Public Housing Agency of the City of Saint Paul will not discriminate against or sanction harassment of any employee or applicant for employment because of race, creed, religion, color, sex, sexual or affectional orientation, national origin or ancestry, age, disability, marital status, citizenship status or status with regard to public assistance.

NOTICE TO APPLICANT/EMPLOYEE

(TENNESSEN WARNING)

There are laws to protect your rights to information and privacy.

(please read this important information carefully)

Under the Minnesota Government Data Practices Act (Minn. Statutes, Chapter 13) you have the right to know:

WHAT IS THE PURPOSE AND INTENDED USE OF THE INFORMATION THE PHA COLLECTS?

The information we collect from you or about you (or from other individuals or agencies authorized by you) is collected, used and disseminated to determine your eligibility for employment, promotion and other personnel related activities in order for the PHA to carry out legally authorized programs. The information we collect about you is classified under Minnesota Law as:

- (1) Private - only you and those authorized by law or by you can see the information.
- (2) Public - anyone can see the information.

Veteran status; relevant test scores; job history; prior education and training; and your work availability.

Your name is considered private until you are selected to be interviewed as a finalist for employment. If you are hired by the PHA, the following additional information about you will be considered public:

Your name; actual gross salary range; pension; the value and nature of your PHA-paid fringe benefits; job description; dates of employment; status of any complaints or charges against you while you work for the PHA, whether or not they result in a disciplinary action after all legal proceeding have been completed; disciplinary actions; honors and awards you receive; the basis for and any added remuneration such as expense or mileage reimbursement in addition to your salary; work location and work telephone number; data which accounts for your work time; and your city and county residence.

Anything not listed above which is placed in your application folder or your personnel jacket (such as medical information, letters of recommendation, resumes, etc.) is made by this statute private information.

Information collected about you will be shared with those members of the PHA staff who must use it to process your application or to conduct normal PHA business. Also the following agencies may be authorized by state or federal law to receive private information from your file: Federal Equal Employment Opportunity Commission; Minnesota Human Rights Department; Labor Organizations; and the Bureau of Mediation Services.

IF YOU ARE A RESIDENT OF PHA, any information you provide in this application about your employment and income will be reviewed by the PHA Resident Services staff.

In addition, before residents are hired by the PHA, their files are reviewed by Resident Services staff to determine if there is a history of serious violations of PHA lease provisions.

If you have any other questions about your privacy rights, please contact the PHA Responsible Authority.

APPLICANT CHARACTERISTIC SURVEY

Print Name: _____ Date: _____

Position Applying For: _____

THE FOLLOWING REQUESTED INFORMATION IN NO WAY AFFECTS YOU AS AN INDIVIDUAL APPLICANT.

This information will be used to find out how effective our recruitment methods are in reaching all segments of the population. Although providing this information is voluntary, it is important that all applicants answer these questions. The form will be separated from the employment application and kept in a separate file.

INSTRUCTIONS:

Gender: Female Male

ETHNIC GROUP:

Of which ethnic group do you consider yourself? If you are Multi-Ethnic, please choose one group you most closely identify with:

HISPANIC or LATINO: A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin regardless of race.

Or

WHITE (not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

BLACK or AFRICAN-AMERICAN (not Hispanic or Latino): A person having origins in any of the Black racial groups of Africa.

NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER (not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

ASIAN (not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

AMERICAN INDIAN OR ALASKAN NATIVE (not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

TWO or MORE ETHNIC GROUPS (not Hispanic or Latino): All persons who identify with more than one of the above five races. If you check this box, please list the Ethnic Group above with which you most identify:

How did you learn about us/this job?

Are you currently a resident of St. Paul PHA's public housing?
Paul PHA?

Yes No

If you answered "Yes" to either of the above two questions, were you the lease/certificate/voucher holder?

Yes No

Are you currently a Section 8 Participant with St.

Yes No

Are you a past resident of St. Paul PHA's public housing?
PHA?

Yes No

Are you a past Section 8 Participant with St. Paul

Yes No

If you answered "Yes" to either of the above two questions, what name was on the lease/certificate/voucher?

What was the address:

Are you a Vietnam Era Vet?

Yes No

Are you a Veteran other than a Vietnam Veteran?

Yes No

Are you classified as a disabled Veteran?

Yes No

VETERAN'S PREFERENCE

You must submit a PHOTOCOPY of your DD214 or other military documents to substantiate the service information requested on the form. Claims not accompanied by proper documentation will not be processed.

The Public Housing Agency of the City of Saint Paul (PHA) operates under a point preference system which awards points to qualified veterans to supplement their exam results. Five (5) preference points are granted for non-disabled veterans on open competitive examinations. Ten (10) points are added if the veteran has a permanent service-connected compensable disability as certified by the Veterans Administration. On promotional examinations, five (5) points are granted to disabled veterans only (50% disability required) and these points apply only to the first promotion after securing PHA employment.

To qualify for preference, you must have served on active duty in any branch of the Armed Forces of the United States for 181 consecutive days or more, and have been honorably discharged; you must be a citizen of the United States and currently not receiving a monthly veteran's pension based exclusively on the length of service. Veteran's preference may be used by the surviving spouse of a deceased veteran and by the spouse of a disabled veteran who because of the disability is unable to qualify.

Claims must be made on the form below and submitted with your application by the application deadline of the position for which you are applying. If your DD214 form is submitted to our office separate from this sheet, please attach a note with it indicating the position for which you are applying and your present address.

COMPLETE THIS FORM ONLY IF YOU ARE A VETERAN AND CLAIMING VETERAN'S PREFERENCE!

NAME (LAST)	(FIRST)	(MIDDLE)	SOCIAL SECURITY NUMBER	POSITION APPLIED FOR
ADDRESS (STREET)			(CITY) (STATE) (ZIP)	PHONE NUMBER
				ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO

ACTIVE DUTY INFORMATION: (Note: A photocopy of your DD214 Form must accompany this claim sheet.)

Have you (or your disabled or deceased spouse) served on active military duty without interruption for 181 days or more?

Yes No

Type of Separation: Honorable Medical Other

Are you receiving or are you eligible to receive a monthly veteran's pension based exclusively on length of military service?

Yes No

FOR DISABLED VETERANS: Percent of Disability: _____%

(Letter from VA in proof of disability must be submitted to receive points.)

Permanent? Yes No

Currently Existing? Yes No

Have you ever been promoted in St. Paul PHA employment? Yes No

FOR SPOUSES OF DECEASED VETERANS: Date of Death _____

(You are ineligible to receive points if you have remarried or were divorced from the veteran.)

(A PHOTOCOPY of marriage certificate and spouse's death certificate must be submitted to receive points.)

Have you remarried? Yes No

FOR SPOUSES OF DISABLED VETERANS: Spouse's Present Occupation: _____

(Letter from VA in proof of disability must be submitted to receive points.)

AFFIDAVIT: I hereby claim veteran's preference for this examination and certify that all the information given is true, complete and correct to the best of my knowledge.

I hereby authorize the Veterans Administration to release information necessary to process this application to the St. Paul PHA Human Resource Department.

Signature

Date