



Dayton Metropolitan Housing Authority

"Committed to Making Lives Better"

DAYTON METROPOLITAN HOUSING AUTHORITY

400 WAYNE AVENUE

DAYTON, OHIO 45401-8750

EQUAL OPPORTUNITY EMPLOYER/DRUG-FREE WORKPLACE

EMPLOYMENT APPLICATION

Please Type or Print

NOTE: All questions must be completed for employment consideration.

Application Date: _____

GENERAL INFORMATION

Name: _____
Last First Middle

Other Names Used: _____

Address: _____
Street City State Zip+4

Telephone Numbers: Home _____ Work _____ Cell _____

List position you are applying for. Include Job #: _____

Are you available for: Full-time Part-time Are you 18 or older? Yes No

Date available to start work: _____

Have you ever worked for DMHA? Yes No

If yes, When? _____ Which department(s)? _____

Former position title(s): _____

Are you currently a DMHA resident? Yes No

Do you own or operate any Section 8 Housing? Yes No

Do you have any relatives currently employed with DMHA? Yes No

If yes, Who? _____ What is the relationship? _____

Are you capable of performing the essential duties of the position for which you are applying with or without reasonable accommodation? Yes No

Have you ever been convicted of a misdemeanor other than **minor** traffic violations? Yes No

If yes, please explain: _____

Note: Convictions are not an automatic bar to employment. Each case is considered on its own merit.

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

Do you currently hold a valid Ohio driver's license? Yes No

State: _____ Number: _____

MILITARY SERVICE INFORMATION

Branch of Service: _____

Reserve or National Guard Status: _____

EDUCATION

	Name and Location of School	Last Grade Completed	Did You Graduate?	Course of Study/Degree
High School or GED				
College				
Other				

Professional Licenses or Certificates:

Type: _____ State: _____ Number: _____

Type: _____ State: _____ Number: _____

Do you have computer experience? Yes No

If yes, list software used: _____

EMPLOYMENT HISTORY

List your past four employers starting with the last one first. A resume is recommended to accompany the completed application. **(Resumes will become part of the application but may not be substituted for any part of this application.)**

Current/Last Employer Name: _____ Salary: _____

Employer Address: _____

Supervisor's Name: _____ Telephone Number: _____

Job Title: _____ From: _____ To: _____

Duties: _____

Reason for Leaving: _____

May we contact? Yes No

Employer Name: _____ Salary: _____

Employer Address: _____

Supervisor's Name: _____ Telephone Number: _____

Job Title: _____ From: _____ To: _____

Duties: _____

Reason for Leaving: _____

May we contact? Yes No

Employer Name: _____ Salary: _____

Employer Address: _____

Supervisor's Name: _____ Telephone Number: _____

Job Title: _____ From: _____ To: _____

Duties: _____

Reason for Leaving: _____

May we contact? Yes No

Employer Name: _____ Salary: _____

Employer Address: _____

Supervisor's Name: _____ Telephone Number: _____

Job Title: _____ From: _____ To: _____

Duties: _____

Reason for Leaving: _____

May we contact? Yes No

Have you ever been discharged from any position for cause? Yes No

If yes, please provide the reason for the discharge(s):

Please indicate how your previous work experience prepares you for the position for which you are applying:

PROFESSIONAL/BUSINESS REFERENCES (Please do not list personal references)

PLEASE LIST 3 REFERENCES

Name: _____ Title: _____

Address: _____

Telephone Number: _____ Years Acquainted: _____

Describe Relationship: _____

Name: _____ Title: _____

Address: _____

Telephone Number: _____ Years Acquainted: _____

Describe Relationship: _____

Name: _____ Title: _____

Address: _____

Telephone Number: _____ Years Acquainted: _____

Describe Relationship: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I understand and agree that this application and all other agency documents are not employment contracts, expressed or implied, and that anyone who is hired may voluntarily leave employment or may be terminated by the agency at any time and for any reason. I understand and agree that no employee of the agency has any authority to enter into any agreement for employment for a specified time or make any agreement contrary to the foregoing unless agreed to in writing and signed by an authorizing officer of the agency.

By receipt of reproduced form, I hereby authorize the release of any and all information relating to my employment and/or education, either on record or from other sources, to DMHA for consideration of my employment application. I also authorize release of any other records (i.e. criminal record, Bureau of Motor Vehicles report, etc.) pertinent to the position for which I am applying. I release all parties from any and all liability for damages incurred for providing information.

I also certify that all statements contained herein are true, complete and correct to the best of my knowledge. I understand misrepresentation or omission of facts requested is cause for disqualification of my application, or dismissal from employment. I also understand that I will be subject to drug testing and possibly skill testing prior to employment or at any time during my employment.

Signature

Date

Note: Dayton Metropolitan Housing Authority hires only United States citizens and aliens lawfully authorized to work in the United States. Verification of identity and work authorization will be required upon hiring as a condition of employment.

DAYTON METROPOLITAN HOUSING AUTHORITY

BACKGROUND CHECKS AND RELEASE OF LIABILITY

Dayton Metropolitan Housing Authority (DMHA) is committed to maintaining a safe and secure work environment for all of its employees and residents. DMHA performs criminal background checks on all applicants. DMHA also verifies previous employment records, educational degrees, and current driver's license's status. Therefore, a job offer is contingent upon the results of these background checks and a negative drug test.

By signing below, you are acknowledging that DMHA is using this information solely for the purposes of obtaining background information necessary to complete the employment process.

If the result of your background check raises concerns as to the maintenance of a safe work environment or DMHA discovers you have falsified information on your application, the job offer may be revoked.

PLEASE COMPLETE THE FOLLOWING:

Last First Middle Date

Any Aliases/other names used Date of Birth Social Security Number

Home Address City, State Zip

Driver's License Number and State

I hereby release and hold harmless DMHA and its employees and agents from any liability whatsoever arising from this request.

Applicant Signature

Date

DAYTON METROPOLITAN HOUSING AUTHORITY

PRE-EMPLOYMENT DRUG TESTING CONSENT FORM

The applicant understands and acknowledges that Dayton Metropolitan Housing Authority (DMHA) reserves the right to subject the applicant to pre-employment tests for illegal drug, alcohol, or substance abuse, once the job offer has been made and prior to the applicant's first day of employment. If the applicant fails any of the required pre-employment tests relating to drug, alcohol, or substance use or abuse, the application procedure will be terminated, and the applicant will NOT be employed.

By signing this document, the applicant consents to the aforementioned tests and procedures if required, and agrees that he or she has no cause of action against DMHA arising from these tests or procedures. If the applicant refuses to consent to any of said tests and procedures, DMHA shall not accept or further process his or her application for employment.

Signature of Applicant

Date

DAYTON METROPOLITAN HOUSING AUTHORITY

Sexual Offender Background Screening

To better ensure the safety of the public, Dayton Metropolitan Housing Authority (DMHA) employees and residents, and vendors/contractors, as a condition of employment DMHA will screen final employment applicants using several public sources for sexual offenses/convictions. This background check is solely for employment purposes.

By signing below, you are acknowledging that DMHA is using this information solely for the purposes of obtaining background information necessary to complete the employment process.

If the result of your background check raises concerns as to the maintenance of a safe work environment or DMHA discovers you have falsified information on your application, the job offer may be revoked.

PLEASE COMPLETE THE FOLLOWING:

Last First Middle Date

Home Address City, State Zip

In order to continue with the employment process, I, _____, authorize DMHA to conduct a background check for all sexual offenses/convictions (including criminal and civil record checks) in connection with my application for and/or employment with DMHA. I specifically authorize DMHA to obtain the above mentioned information for employment purposes from including, but not limited to public governmental sources.

I hereby release and hold harmless DMHA and its employees and agents from any liability whatsoever arising from this request.

Applicant Signature

Date

DAYTON METROPOLITAN HOUSING AUTHORITY

APPLICANT EEO DATA SHEET

Please Print

Name: _____

Position(s) Applying For: _____

Equal Employment Opportunity information as completed on this form is maintained in the Human Resources Department of the Dayton Metropolitan Housing Authority for statistical purposes only. This information will be kept separate from your application and will not influence employment decisions.

Your answers are completely voluntary.

1. Group Status (check one)

- _____ American Indian or Alaskan Native
- _____ Asian (Not Hispanic or Latino)
- _____ Black or African American (Not Hispanic or Latino)
- _____ Hispanic or Latino
- _____ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- _____ Two or More Races (Not Hispanic or Latino)
- _____ White (Not Hispanic or Latino)

2. Date of Birth: _____
Month Day Year

3. Gender: _____ Male _____ Female

4. Disability: _____ Yes _____ No
Defined as any physical or mental impairment which substantially limits one or more major life activities or a record of such an impairment or being regarded as having such an impairment. It is noted that a checkmark here does not denote an inability to perform any specific job duty or duties.

Signature _____

Date _____

DAYTON METROPOLITAN HOUSING AUTHORITY IS AN EQUAL OPPORTUNITY EMPLOYER
Job Line (937) 910-7525
www.dmha.org



Dayton Metropolitan Housing Authority
 400 Wayne Ave
 PO Box 8750
 Dayton, Ohio 45401-8750
 Telephone (937) 910-7500
 HR's Confidential Fax (937) 910-7529



Determination of Section 3 Resident Status for Employment

The DMHA is asking you to assist in meeting HUD requirements for Section 3. If your total family income is less than 80% of the median income for Montgomery County, then the DMHA may count your employment toward the Section 3 goal. The Section 3 goal, as established by HUD is 30% of the DMHA's new hires for full-time employment each year.

What is Section 3?

Section 3 is a provision of the Housing and Urban Development (HUD) Act of 1968 that helps foster local economic development, neighborhood economic improvement, and individual self-sufficiency. The Section 3 program requires that the DMHA, to the greatest extent feasible, provide job training, employment, and contracting opportunities for low- or very-low income residents in connection with projects and activities in their neighborhoods.

Who are Section 3 residents?

Section 3 residents are:

- Public housing residents or
- Persons who live in Montgomery County and who have a household income that falls below HUD's income limits.

Income Limits

Number of Family Members	Total Family Income*
1	\$34,800
2	\$39,750
3	\$44,750
4	\$49,700
5	\$53,700
6	\$57,650
7	\$61,650
8	\$65,600

*2009 Income Limits

Employee Section 3 Determination

1. I am a resident of Montgomery County
2. I am **not** a resident of Montgomery County
 The number of members in my family household is _____
3. For my household size, my total family income is **more** than the income limits stated above.
4. For my household size, my total family income is **less** than the income limits stated above.

Note If you checked Box 1 AND Box 4, please complete and submit this form along with the form sec3-002a, titled Section 3 Resident Preference Claim form and form sec3-002b, titled Section 3 Resident or Employee Household Income Certification.

COMPLETING THESE FORMS DOES NOT GUARANTEE EMPLOYMENT

PRINT NAME: _____

SIGNATURE: _____ DATE: _____



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 P.O. Box 8750
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 Fax (937) 910-7689



SECTION 3 RESIDENT PREFERENCE CLAIM FORM

A Section 3 resident *seeking the preference in training and employment* as defined in the Section 3 regulation at 24 CFR Part 135, shall certify to the recipient, contractor or subcontractor, and submit evidence showing they meet the criteria of a Section 3 resident, (i.e. proof of receipt of public assistance or residency in a United States Department of Housing and Urban Development (HUD) or other federally-assisted housing program, e.g., Public Housing, Section 8, etc.)

Number of Family Members	Total Family Income*
1	\$34,800
2	\$39,750
3	\$44,750
4	\$49,700
5	\$53,700
6	\$57,650
7	\$61,650
8	\$65,600
*2009 Income Limits	

CERTIFICATION FOR SECTION 3 RESIDENT

I, _____, am a legal resident of the U.S.A.
 (Your Name)

MY SOCIAL SECURITY NUMBER is _____.

MY RACE/ETHNICITY is _____
 (Optional: For statistical purposes only)

MY PERMANENT ADDRESS is _____
 (Include City, Street, Zip Code)

I have attached one of the following documents as proof of my status:

- Proof of residency (lease in a HUD or other federally assisted program).
 - Proof of public assistance, e.g., Temporary Assistance to Needy Families (TANF) recipients, etc.
 - Proof of participation in a HUD YOUTHBUILD program.
 - Proof of participation in a federally assisted program such as job training programs, etc.
 - Proof of participation in a state or local assistance program, or other program that assists low- or very-low income persons.
- ONLY PROVIDE THE FOLLOWING IF ONE OF THE ABOVE IS NOT APPLICABLE:**
- Use form sec3-002b, Section 3 Resident or Employee Household Income Certification to show employee household income if no other documents are attached.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

TITLE: _____



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Section 3 Resident or Employee Household Income Certification

Any individual who is seeking to be certified as a Section 3 resident, and who is **not a public housing resident, or not in a federally assisted housing program, or not a recipient public assistance program** shall attest to their total current gross annual household income, and provide the name and date of birth of each household member. All additional household income earned by household members, excluding children under 18, and/or provided through public or private assistance, child support, bank or investment earnings must be included, where indicated below.

I, _____, (Individual's Full Name) DO SOLEMNLY SWEAR THAT THE INFORMATION I HAVE PROVIDED BELOW IS TRUE.

Number of family members who live in my household: _____.

My total current gross annual household income is: _____.

The source(s) of my total annual household income is/are:

	Head of Household	Spouse (if applicable)	Other Adult Members age 18 & over (if applicable)	Other Adult Members age 18 & over (if applicable)	Other Adult Members age 18 & over (if applicable)	Other Adult Members age 18 & over (if applicable)
Gross Earnings						
TANF						
Child Support						
Bank Income						
Other Income (list)						
1.						
2.						
3.						
4.						

PRINT NAME: _____

SIGNATURE: _____ DATE: _____