



VERMONT STATE HOUSING AUTHORITY

Employment Application

One Prospect Street, Montpelier, VT 05602-3556

802/828-3295 (Voice) 800/798-3118 (TTY) 802/828-3248 (Fax)

www.vsha.org

GENERAL

Please read these instructions carefully before preparing your application. You have been provided a copy of the job description for the position. Please take the time to review the duties, requirements and qualifications of the position.

Please be detailed and specific about your education and work experience and how they relate to the position for which you are applying; explain any breaks in employment service. For work history, start with your present or last employer, and work backward. Include any unpaid or volunteer work. If you need additional space, you may attach additional (8.5" x 11") sheets.

If available, please include your resume with your application; however, **DO NOT SUBSTITUTE A RESUME IN LIEU OF FULLY COMPLETING THE APPLICATION, INCLUDING A WAIVER AND CONSENT FORM FOR EACH EMPLOYMENT REFERENCE.**

Please print or type all information. The application must be signed and dated to be considered complete. If you need a reasonable accommodation to complete the application or interview process, please let us know.

APPLICANT INFORMATION

Title of Job Applied For:	Date Available to Begin Work:
Name:	Home Telephone:
Mailing Address:	Work (or Message) Telephone:
City, State, and Zip Code:	E-mail:

STATEMENTS

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Are you 18 years of age or older?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any relative (including but not limited to a spouse, civil union partner or domestic partner), or person(s) residing with you, or any relative of the foregoing, that work for VSHA?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been previously employed by VSHA? If "Yes" state date and position:
<input type="checkbox"/>	<input type="checkbox"/>	Are you legally authorized to work in the United States?
<input type="checkbox"/>	<input type="checkbox"/>	Have you been convicted of any misdemeanor or felony? (This includes any misdemeanor or felony involving the operation of a motor vehicle.) If "Yes", give dates, details and penalties for each occurrence on an attached (8.5" x 11") sheet of paper, <u>which must accompany your application.</u>
<input type="checkbox"/>	<input type="checkbox"/>	In the last five years, have you ever been convicted of any motor vehicle violation (speeding, etc)? If "Yes", give dates, details and penalties for each occurrence on an attached (8.5" x 11") sheet of paper, <u>which must accompany your application.</u>
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a valid driver's license?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been discharged (fired) from employment for any reason? If "Yes" explain:
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever resigned after being informed that your employer intended to discharge you or impose discipline on you? If "Yes" explain:

EMPLOYMENT HISTORY

Name of Present or Last Employer:	Address:	Telephone Number:
Dates of Employment:	Job Title:	Wage:
Supervisor:	Supervisor's Title:	Supervisor's Telephone:
Reason for Leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why?	
Description of Work and Responsibilities:		

Name of Next Previous Employer:	Address:	Telephone Number:
Dates of Employment:	Job Title:	Wage:
Supervisor:	Supervisor's Title:	Supervisor's Telephone:
Reason for Leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why?	
Description of Work and Responsibilities:		

Name of Next Previous Employer:	Address:	Telephone Number:
Dates of Employment:	Job Title:	Wage:
Supervisor:	Supervisor's Title:	Supervisor's Telephone:
Reason for Leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why?	
Description of Work and Responsibilities:		

EDUCATION AND TRAINING

	Name and Location of School	Course of Study	Years Completed or Credits Earned	Graduated	Degree or Diploma	Year Earned
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No		
College				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional Course Work/ Training						
Additional Course Work/ Training						
Additional Course Work/ Training						

LICENSES AND CERTIFICATES

If you have any Licenses, Certificates or Registrations, list them below

Description	Issued By	Number	Date Issued	Date Expires

SPECIALIZED SKILLS AND KNOWLEDGE

List any skills or knowledge that show your ability to perform the job for which you are applying
(such as office equipment, computer software programs, typing speed, etc.)

Please review the job description for the position for which you are applying. Describe any job function you are unable to perform.

REFERENCES

Please list the names, titles or relationships, addresses, and phone numbers of three (3) individuals not related to you who have knowledge of your work qualifications and can serve as a reference for you.

Name and Title or Relationship	Address	Phone

EQUAL OPPORTUNITY AND NON-DISCRIMINATION POLICY STATEMENT

The Vermont State Housing Authority (VSHA) will comply with Title VI of the Civil Rights Act of 1964 and Title VIII of the Civil Rights Act of 1968; Section 504 of the Rehabilitation Act of 1973; Executive Order 11063; Fair Housing Amendments Act of 1988; the Americans with Disabilities Act of 1990; and with the Laws of the State of Vermont prohibiting discrimination in public accommodations and in employment practices, and all related rules, regulations and requirements there under.

VSHA will not, on account of race, color, creed, national origin, sex, sexual orientation, place of birth, age, U.S. Military Veteran status, family status, marital status or disability, deny to any person the opportunity to apply for admission, nor deny to an eligible applicant, the opportunity to lease or rent a dwelling unit suitable to its needs. Further, in the selection of tenants, there will be no discrimination against persons otherwise eligible for admission because their income is derived in whole or in part from public assistance. VSHA will not discriminate against selected tenants and discrimination by one tenant against another is unacceptable and will not be condoned.

VSHA will not discriminate against any person or group on the basis of disability, in admission or access to, or treatment and employment in, any of VSHA's facilities, programs and activities, policies, procedures and practices, as and to the extent provided by law.

VSHA's housing programs shall be administered without regard to and shall not discriminate on the basis of race, color, creed, national origin, sex, sexual orientation, place of birth, age, U.S. Military Veteran status, family status, marital status or disability.

Further, VSHA's personnel actions, including but not limited to recruitment, hiring, training and promotion on the basis of merit, are administered without regard to and shall not discriminate on the basis of race, color, creed, national origin, sex, sexual orientation, place of birth, age, U.S. Military Veteran status, family status, marital status or disability.

The VSHA Director of Human Resources and Administration has been designated as the responsible employee to coordinate activities under this policy. Inquiries or grievances concerning compliance with this policy statement may be addressed to the Director of Human Resources and Administration (Coordinator – Nondiscrimination Policies), The Vermont State Housing Authority, One Prospect Street, Montpelier, VT 05602-3556; 802\ 828-2375; 800\ 798-3118 (TTY).

This statement is available in alternative formats, for example: Large Print, Braille and Tape.

SIGNATURE - - TO BE ACCEPTED YOU MUST SIGN AND DATE THIS APPLICATION

NOTE: A false or dishonest answer to any question in this application may be grounds for rating you ineligible or for dismissing you. All statements in this application are subject to investigation and verification, including a check with all previous employers.

NOTE: If you are offered a position with the Vermont State Housing Authority, a criminal record check will be conducted. You will be required to sign a release form for the Vermont Criminal Information Center and any other applicable state.

I certify that all of the statements made in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

Signature:	Date:
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VERMONT STATE HOUSING AUTHORITY
Additions to Employment Application

Name (Please Print) _____

Please use these pages to provide any additional information to your employment application or to address questions on the application.

Signature

Date



VERMONT STATE HOUSING AUTHORITY
Applicant Questionnaire

Name (Please Print) _____

In addition to your application and resume, we ask that you complete the following questionnaire. If you have any questions, please do not hesitate to ask. Thank you.

Briefly explain your career plans and objectives:

How did you learn about VSHA?

Why would you like a job with VSHA?

What job (or activity) have you most enjoyed? And why?

What job (or activity) have you least enjoyed? And why?

Is there anything else you would like us to know about you?

Signature

Date



VERMONT STATE HOUSING AUTHORITY

**WAIVER AND CONSENT TO RELEASE OF INFORMATION
BY FORMER EMPLOYER**

I, _____ , hereby consent to
allow

(Applicant)

_____ (“Former Employer”), to respond to any and all
inquiries

(Name of Former Employer)

by the Vermont State Housing Authority (“VSHA”) concerning my employment with the said
Former Employer, in connection with my pending job application with VSHA.

I understand that these inquiries may call for an evaluation or opinion from my Former Employer
concerning my work performance and/or the circumstances under which I left my employment
with the Former Employer. I further understand that responses to the inquiries are also likely to
involve disclosure of any and all information contained in my personnel file with the Former
Employer.

I specifically understand that information so released may include unfavorable information
concerning my job performance and related matters.

I expressly consent to the provision of such information, opinion, evaluation, and to the
disclosure of such records by the Former Employer, and voluntarily, knowingly and expressly
waive any and all claims which I might have against said Former Employer and its personnel
relating to or arising out of the provision, in good faith, of such information.

Signature of Applicant

Date