

# Vermont State Housing Authority



www.vsha.org

**Please Reply To:**

**Central Office:**

- One Prospect Street  
Montpelier  
VT 05602-3556  
802/828-3295 (Voice)  
800/798-3118 (TTY)  
800/820-5119 (Messages)  
802/828-3248 (Fax)

**Regional Offices:**

- Hillcrest Views  
Management Office  
1 Clyde Allen Drive, B7  
St. Albans VT 05478  
802/527-1071 (Voice)  
802/524-0301 (Fax)
- Middlebury Commons  
Management Office  
249 Buttolph Drive  
Middlebury VT 05753  
802/388-1005 (Voice)  
802/388-1719 (Fax)
- Northwoods  
Management Office  
95 Templeton Avenue  
White River Jct. VT  
05001  
802/295-8883 (Voice)  
802/295-8884 (Fax)

DEAR APPLICANT:

Attached is the Vermont State Housing Authority's Employment Application Package.

Please print or type all information. The application must be signed and dated to be considered complete.

Job Description: If you are applying for a specific position, please review the job description's duties, requirements and qualifications. Please feel free to ask for any clarifications.

Benefit Summary: These are the benefits available to VSHA employees.

Employment Application: Please read these instructions carefully before preparing your application.

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, please use the pages provided for additions to the application.

You may include your resume with your application; however, **Do Not Substitute a Resume in Lieu of Fully Completing the Application.**

Reference Waivers: We will need a signed Waiver for each employment reference. If you need additional copies of the Waiver, please ask and we will provide them.

Applicant Questionnaire: Please complete the questionnaire.

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. The Authority conducts full reference and criminal background checks.

Thank you for your interest in employment with the Vermont State Housing Authority.

Very truly yours,

Human Resources



## VERMONT STATE HOUSING AUTHORITY - BENEFITS SUMMARY

Following are the primary benefits available from VSHA. Eligibility is based upon employment status; i.e., regular full-time, regular part-time, initial probationary, and limited service.

Health and Dental Insurance - VSHA offers the Blue Cross and Blue Shield Blue Rewards Gold CDHP with a Health Reimbursement Account with single, two-person, parent and child(ren) or family coverage available. All full-time VSHA employees, their spouses and dependents participate in Northeast Delta Dental and there is no employee premium cost. There is **no waiting period** to participate in these plans and employees are eligible for participation on the first day of the month following employment. Part-time employees pay an additional portion of the health and dental monthly premium rates based on hours worked.

Health Insurance Buyout – Employees who obtain health care insurance elsewhere and provide proof of coverage, may be eligible for an annual buyout amount.

Flexible Benefit Plan - VSHA offers a Flexible Benefit Plan that includes a Premium Offset Plan allowing employees to pay their group insurance premium with pre-tax dollars (**available with enrollment in one of VSHA's health plans**). The Health Care Reimbursement Plan allows an employee to set aside money from his/her salary on a pre-tax basis to pay for un-reimbursed professional health-related expense. The Dependent Care Reimbursement Plan allows employees to set aside money from his/her salary on a pre-tax basis to reimburse out-of-pocket dependent daycare expenses.

Retirement Plan/Life Insurance – These are non-contributory plans. After a **one-year waiting period**, VSHA will make a contribution towards these plans. Total vesting period is five years. Limited-Service employees are not eligible for participation.

Voluntary Plans – include after-tax plans, after-tax Roth's and deferred compensation plans. Voluntary plans are **available the first of the month following employment**.

Expense Reimbursement - Work related mileage is reimbursed at two cents below the IRS rate.

Employee Assistance Program - A confidential professional assistance referral program to assist employees who job performance may be adversely affected by personal or even work-related issues.

Workers' Compensation - All employees are covered by Workers' Compensation as outlined in federal and state laws.

Employee Leave/Holidays - Employees are eligible to accrue annual, sick and other types of leave and paid holidays. Part-time employees are provided leave/holiday benefits on a pro-rated basis.

Payroll - Payroll is bi-weekly and handled via direct deposit.

Probationary Period and Performance Evaluations - The normal probationary period is six months, but could be extended. Evaluations are completed at three months, six months (and/or at the end of any extensions), then annually in December.

Collective Bargaining Agreement – For covered positions, a Collective Bargaining Agreement is in place that governs wages, working hours and conditions, benefits, etc. Employees may elect to join the Federation.

Work Hours - The Vermont State Housing Authority is open to the public from 7:45 a.m to 4:30 p.m., Monday through Friday. Typically a 15 minute break in the morning and again in the afternoon is provided and the lunch break is 45 minutes.



# 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](http://www.vsha.org)

### GENERAL

Please read these instructions carefully before preparing your application. If 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.

### 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"/>	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:
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever lived, worked or attended school in any other state or country in the last 15 years? If yes, please list them.

## EMPLOYMENT HISTORY

Name of Present or Last Employer:	Address:	Telephone Number:
Dates of Employment:	Job Title:	
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:	
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:	
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; Executive Order 13166; 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 thereunder.

The VSHA will not, on account of race, color, creed or religion, national origin, sex, sexual orientation, gender identity, ancestry or place of birth, age, U.S. Military Veteran status, familial status, marital status, disability, or HIV status 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 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.

The Vermont State Housing Authority 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 or religion, national origin, sex, sexual orientation, gender identity, ancestry or place of birth, age, U.S. Military Veteran status, familial status, marital status, disability or HIV status.

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

The VSHA Director of Human Resources and Administration has been designated as the responsible employee to coordinate activities under this policy. Inquires or grievances concerning compliance with this policy statement may be addressed to Coordinator – Nondiscrimination Policies, The Vermont State Housing Authority, One Prospect Street, Montpelier, VT 05602-3556; 802/828-3295; 800/798-3118 (TTY); 800/820-5119 (Message Line).

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: Vermont State Housing Authority conducts background and criminal record checks in Vermont and may do so in other states where you have lived, worked or attended school. Where applicable and required, VSHA will conduct background screening through the Vermont Agency of Human Services Adult Protective Services and Child Protection Registry Unit. You may be required to sign release forms for such background and record checks.**

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:

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:

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How did you learn about VSHA?

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Why would you like a job with VSHA?

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

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

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

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**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**

**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 by the Vermont State  
(Name of Former Employer)  
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

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Date

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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date