

VERMONT STATE HOUSING AUTHORITY  
 Employment Application  
 One Prospect St, Montpelier VT 05602-3556  
 802.828-3295 (voice) ★ 800.798-3118 (TTY) ★ 802.828.3248 (Fax)  
 www.vsha.org

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 your employment history. Please start with your present and/or last employer and include any unpaid or volunteer work. This application must be completed in full – please **DO NOT substitute a resume in lieu of fully completing the application, including a waiver and consent form for each reference.** If necessary, please add additional pages.

**APPLICANT INFORMATION**

|                   |                               |
|-------------------|-------------------------------|
| Job applying for: | Date available to being work: |
| Name:             | Telephone:                    |
| Address:          | E-Mail:                       |

**EMPLOYMENT HISTORY**

|   |                  |                               |
|---|------------------|-------------------------------|
| Name/Address Present/Last Employer        | Job Title        | Dates of Employment           |
| Supervisor/Title                          | Telephone Number | May we contact this employer? |
| Description of work and responsibilities: |                  |                               |

|   |                  |                               |
|---|------------------|-------------------------------|
| Name/Address Next Previous Employer       | Job Title        | Dates of Employment           |
| Supervisor/Title                          | Telephone Number | May we contact this employer? |
| Description of work and responsibilities: |                  |                               |

|   |                  |                               |
|---|------------------|-------------------------------|
| Name/Address Next Previous Employer       | Job Title        | Dates of Employment           |
| Supervisor/Title                          | Telephone Number | May we contact this employer? |
| Description of work and responsibilities: |                  |                               |

### EDUCATION/TRAINING

|                                       | Name/Location | Course of Study | Graduated<br>Yes/No | Degree/Diploma<br>Earned |
|---------------------------------------|---------------|-----------------|---------------------|--------------------------|
| High School                           |               |                 |                     |                          |
| College                               |               |                 |                     |                          |
| Other                                 |               |                 |                     |                          |
| Additional<br>Course<br>Work/Training |               |                 |                     |                          |

### LICENSES/CERTIFICATES

| Description | Issued by | Number | Date Issued | Date Expires |
|-------------|-----------|--------|-------------|--------------|
|             |           |        |             |              |

### SPECIALIZED SKILLS & KNOWLEDGE

|  |
|--|
| List any skills or knowledge that show your ability to perform the job for which you are applying. |
|  |

### ADDITIONAL INFORMATION

| YES | NO |  |
|-----|----|--|
|     |    | Are you 18 years of age or older?  |
|     |    | Do you have any relative or person(s) residing with you that work for VSHA?            |
|     |    | Are you able to provide proof of your ability to legally work in the US?               |
|     |    | Are you able to perform the responsibilities of the job with or without accommodation? |
|     |    | Have you ever been employed by VSHA? If so, please state dates and position.           |

## REFERENCES

Please provide contact information for three individuals not related to you who have knowledge of your work qualifications and can serve as a reference for you. Please complete a Consent to Release Information by Former Employer form attached.

| Name/Title | Relationship | Telephone |
|------------|--------------|-----------|
|            |              |           |
|            |              |           |
|            |              |           |
|            |              |           |

## EQUAL OPPORTUNITY & 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.

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.

VSHA will not discriminate against any person or group based on 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 based on 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, 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.

VSHA is committed to providing access, and reasonable accommodation in its services, programs, activities, education, and employment for individuals with disabilities.

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 Director of HR & Administration, The Vermont State Housing Authority, One Prospect Street, Montpelier, VT 05602-3556; 802/828-3295; 800/798-3118 (TTY); 800/820-5119 (Message Line).

## SIGNATURE

To be valid, you must sign and date this application. A false or dishonest answer to any question in this application may be grounds for rating you ineligible and/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.

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Signature

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Print Name

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Date

DISCLAIMER: Please note that this application is not intended to and does not create a contract or offer of employment and that, if hired, employment with the Vermont State Housing Authority would be on an at-will basis and could be terminated at the will of either party.

## QUESTIONNAIRE

In addition to your application and resume, please complete the following.

Briefly explain your career plans & 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?

VERMONT STATE HOUSING AUTHORITY  
WAIVER AND CONSENT TO RELEASE INFORMATION  
BY FORMER EMPLOYER

I, \_\_\_\_\_, consent to allow my former employer \_\_\_\_\_  
\_\_\_\_\_ to respond to any and all inquiries 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

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

\_\_\_\_\_  
Date

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Signature of Applicant

\_\_\_\_\_  
Date