

**Affirmative Action Plan Equal Employment Opportunity Information for
Chesapeake Redevelopment and Housing Authority**

Date: _____ Position Applying for: _____

Full Name: _____ SSN: _____

Current Address: _____

No. Years of Education: _____ Male Female

Race/Ethnic Category:

White, not of Hispanic Origin-persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black, not of Hispanic Origin-persons having origins in any of the black racial groups of Africa.

Hispanic-Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture of Origin, regardless of race.

American Indian or Alaskan Native-Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Asian or Pacific Islander-persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

How did you find out about this job?

Newspaper

Personnel Dept.

Friend/Relative

CRHA Employee

Outreach Program

VA Employment Commission

Other _____

EMPLOYMENT RECORD

Please start with most recent. A resume providing this and/or additional information may be attached. Please attach a separate piece of paper if additional space is needed.

Employer: _____ Phone number: _____

Address: _____

Job Title: _____ Dates Worked From: _____ To: _____

Yearly Salary: Starting: _____ Ending: _____ Weekly Hours: FT _____ PT _____ Temp. _____

Job Duties: _____

Supervisor: _____ May we contact? Yes No

Reason for Leaving: _____

Employer: _____ Phone number: _____

Address: _____

Job Title: _____ Dates Worked From: _____ To: _____

Yearly Salary: Starting: _____ Ending: _____ Weekly Hours: FT _____ PT _____ Temp. _____

Job Duties: _____

Supervisor: _____ May we contact? Yes No

Reason for Leaving: _____

Employer: _____ Phone number: _____

Address: _____

Job Title: _____ Dates Worked From: _____ To: _____

Yearly Salary: Starting: _____ Ending: _____ Weekly Hours: FT _____ PT _____ Temp. _____

Job Duties: _____

Supervisor: _____ May we contact? Yes No

Reason for Leaving: _____

EDUCATION

High School: _____ Graduation Date: _____

City and state: _____ Highest grade completed: _____

If you did not complete H. S., do you have an H.S. Equivalency diploma (GED)? Yes No

Please indicate the number of years of post H.S. Education completed: _____

Name & Location of Institution:	Hrs.	Degree Rcvd.	Major	Dates Atnd.

If you plan to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

Specialized or Technical Skills, Licenses, Certificates: _____

I understand that no question within this application is intended to secure information to be used for discrimination based on race, color, religion, sex, national origin, age or disability as prohibited by Federal Law.

I understand that neither this application nor any communication by any CRHA representative is intended to create or creates a contract of employment.

I hereby authorize CRHA to investigate my record with current and former employers and schools and release CRHA, my former employers, schools, and others providing information from any liability resulting from the release of this information.

I understand and agree that as a further condition of employment, I will submit at no personal expense to an examination by a physician selected by CRHA, prior to being employed and at any time job requirements dictate. I agree that the results of such examination may be released to CRHA or its authorized agent.

By signing my name below, I certify that all statements made by me on this application are true and complete to the best of my knowledge and I understand that misrepresentations or omissions may be cause for rejection, or may be cause for dismissal if hired.

Signature: _____ Date: _____

AUTHORIZATION TO RELEASE INFORMATION:

I, _____ am seeking employment with Chesapeake Redevelopment and Housing Authority and hereby authorize my past and present employers and schools to release information regarding my employment and academic record with same. I release CRHA, my employers, schools, and others providing information from all liability resulting from the release of such information. I also agree that a copy of this authorization shall be as valid as the original.

Signature: _____ Date: _____

REFERENCES:

Please provide the names, phone, fax, or e-mail information for at least three personal references. Employment history will also be verified and contacted for a reference back ten years. Please provide a contact name and phone, fax, or e-mail information if not already provided in the Employment History section.

Personal References:

Name: _____ Phone: _____

Remarks: _____

Name: _____ Phone: _____

Remarks: _____

Name _____ Phone: _____

Remarks: _____

Professional References:

Name _____ Phone: _____

Remarks: _____

Name _____ Phone: _____

Remarks: _____

Name _____ Phone: _____

Remarks: _____

References checked by _____ Date: _____

REQUEST, AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I: LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

Understand that in conjunction with my application for employment, work to be performed under contract, promotion, reassignment, and/or retention, Chesapeake Redevelopment and Housing Authority will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to Chesapeake Redevelopment and Housing Authority. Chesapeake Redevelopment and Housing Authority uses AbsoluteBackgrounds.com, a consumer-reporting agency, as an agent to perform its employment related background investigations.

AbsoluteBackgrounds.com will utilize various sources of information it deems appropriate including but not limited to: credit reporting agencies, workers Compensation records including any and all injuries in compliance with the Federal ADA Act, Department of Motor Vehicle records, criminal conviction records, current and former employers, military records, education records, professional and personal references. I request, authorize and consent to the release and disclosure of any and all information including but not limited to the above to Chesapeake Redevelopment and Housing Authority, and AbsoluteBackgrounds.com.

I request, authorize and consent to the procurement of a Consumer Report, an Investigative Consumer Report and/or Consumer Credit Report and understand that they may contain information about my background, mode of living, character, personal characteristics and general reputation. This authorization in original or copy form shall be valid for my term of employment from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by Chesapeake Redevelopment and Housing Authority if employment is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to Chesapeake Redevelopment and Housing Authority. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: AbsoluteBackgrounds.com, 3875 Atherton Road, Rocklin, CA 95765. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.

CHECK THIS BOX IF you are applying for work with a California, Minnesota or Oklahoma based employer and you would like a copy of your Consumer Report if one is prepared in the investigation of your background. CA Code 1785.20.5, MN Code 13C Subdivision 2, OK Code 24 O.S. §148

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. I HEREBY RELEASE CHESAPEAKE REDEVELOPMENT AND HOUSING AUTHORITY AND ITS AGENTS, ABSOLUTEBACKGROUND.COM AND ALL PERSONS, AGENCIES, AND ENTITIES PROVIDING INFORMATION OR REPORTS ABOUT ME FROM ANY AND ALL LIABILITY ARISING OUT OF THE REQUEST FOR OR RELEASE OF ANY OF THE ABOVE-MENTIONED INFORMATION OR REPORTS.

Signed Today's Date
Printed Name Position Applied For
Social Security Number Date of Birth Driver's License Number State
Other names you have used or are also known as:

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

Mo./Yr. / Mo./Yr

Current Address: Street Apt.# City State Zip Code From / To?
Former Address: Street Apt.# City State Zip Code From / To?
Former Address: Street Apt.# City State Zip Code From / To?
Former Address: Street Apt.# City State Zip Code From / To?

CHESAPEAKE REDEVELOPMENT AND HOUSING AUTHORITY
Handicap/Disability Information Sheet

This form will be used in support of Chesapeake Redevelopment and Housing Authority's Affirmative Action efforts for Equal Employment Opportunity specifically related to employment of qualified individuals with handicaps. It will also be used as a means on informing supervisors of any work restrictions, and to provide them with information necessary to reasonably accommodate the handicap. Further, this information will be used to advise management, to the extent appropriate, of any conditions which might require emergency treatment. Such information is considered confidential and is for statistical and other purposes authorized by law. Government officials investigating compliance with Section 504 shall be provided relevant information upon request. Refusal to provide the information requested will not subject applicant or employee to any adverse treatment.

Information to be completed on a voluntary basis.

Applicant/Employee Name: _____

Social Security Number: _____

My handicap/disability is: _____

Handicap/disability causes the following work limitations or restrictions: _____

ACCOMMODATIONS:

The following accommodations would have to made to enable me to perform the required duties in an efficient and proper manner: _____

I understand that submission of the above information is voluntary and is to be used only for the purposes stated above.

Signature: _____ Date: _____

CHESAPEAKE REDEVELOPMENT AND HOUSING AUTHORITY

Section 3 Information Sheet

This form will be used in support of Chesapeake Redevelopment and Housing Authority's Section 3 efforts for providing economic opportunities to low and moderate income persons, particularly persons receiving federal assistance for housing.

Providing the requested information is strictly voluntary and is also considered confidential. The information you provide will help CRHA in providing priority preference to persons that qualify under HUD regulations as Section 3 residents.

Section 3 resident(s) – Must be residents of public housing, a low income person who lives in the area where assistance will be provided or other low income residents.

Order of priority preference for training and employment opportunities:

1. CRHA Public Housing and Assisted Housing residents
2. Low income residents living near CRHA HUD-assisted projects
3. Participants in Youthbuild Programs
4. Homeless Persons
5. Other low income residents in the metropolitan area

Please provide the following information only if you meet the above definition of a Section 3 resident and would like to receive preference under the federal regulation.

1. My current address is (street address, city, state, and zip)

2. The total number of individuals currently living in my household (including myself) is ____.
3. Last year, the annual income from all sources for my household is listed on the following table (please indicate number of persons and income limit):

HOUSEHOLD SIZE	ANNUAL INCOME FROM ALL SOURCES DID NOT EXCEED
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4. I understand that the information above may require verification. I agree to provide such documents verifying my status as a "Section 3 Resident" upon the request of authorized CRHA officials. I further understand that submission of the above information is voluntary and is to be used only for the purpose stated above.

Signature and Date