

**HOUSING AUTHORITY OF THE
CITY OF SANTA BARBARA**

808 Laguna Street, Santa Barbara, California 93101
(805) 965-1071

APPLICATION FOR INTERN-TRAINING PROGRAM

Participants of the Training Program will be employed by an outside employment service
(Please Print in Ink or Type)

- Social Security Number: _____ Date: _____ How did you hear about us? _____
- Position Applied for: **INTERN** Home Phone: _____ Office Phone: _____
- Name: _____ E-mail Address: _____
Last First Middle
- Address: _____
Number & Street City State Zip
- In case of emergency notify: _____
Name Address Phone Number
- Housing Authority Policy may refuse employment in the same Department or Division of a person closely related by blood or marriage to an employee. Do you have a first cousin or closer relative currently working for the Housing Authority of the City of Santa Barbara?
Yes No if yes:
Name of Relative: _____ Relationship: _____ Department: _____
- Are you at Least 18 years of age Yes No Are you at least 21 years of age? Yes No Minimum Housing Authority driving age is 21 years of age. Do you possess a valid California Driver's License? Yes No License No. _____
- EDUCATION/TRAINING
Have you graduated from High School or do you possess a GED? Yes No

| Name and Location of College or University | Subject or Major | Units Completed | | Title of Degree Awarded |
|--|------------------|-----------------|---------|-------------------------|
| | | Semester | Quarter | |
| | | | | |
| | | | | |
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List any training, certificates, licenses, computer, or language skills, which directly relate to position applied for:

- Please list the names of professional references (other than family members or friends) who can be contacted to provide information regarding your work skills.

| |
|--|
| Name of Reference: _____ Relationship: _____ |
| Address: _____ Phone No.: _____ |
| Name of Reference: _____ Relationship: _____ |
| Address: _____ Phone No.: _____ |

- EMPLOYMENT HISTORY. List your employment, BEGINNING WITH YOUR CURRENT OR MOST RECENT EMPLOYER AND WORK BACKWARDS. List each change of title or promotion separately. Account for periods of unemployment and indicate any other experience, which you feel, is relevant to the position for which you are applying (e.g. volunteer experience, military experience, etc.) RESUMES MAY BE SUBMITTED IN ADDITION TO, **BUT NOT IN PLACE OF**, COMPLETION OF ANY PORTION OF THE APPLICATION. IT IS CRITICAL THAT YOU PROVIDE COMPLETE INFORMATION. Attach an additional sheet if extra space is needed.

| |
|---|
| Current Employer: _____ Phone: _____ |
| Address: _____ |
| Job Title: _____ Date Started <u> </u> / <u> </u> / <u> </u> Date Left <u> </u> / <u> </u> / <u> </u> |
| Supervisor's Name/Job Title: _____ Hours per Week: _____ |

| |
|---|
| Responsibilities: _____ _____ _____ _____ Reason for Leaving: _____ Rate of Pay: _____ |
| Employer: _____ Phone: _____ Address: _____ Job Title: _____ Date Started <u> </u> / <u> </u> / <u> </u> Date Left <u> </u> / <u> </u> / <u> </u> <div style="text-align: center; font-size: small;"> Mo Day Year Mo Day Year </div> Supervisor's Name/Job Title: _____ Hours per Week: _____ Responsibilities: _____ _____ Reason for Leaving: _____ Rate of Pay: _____ |
| Employer: _____ Phone: _____ Address: _____ Job Title: _____ Date Started <u> </u> / <u> </u> / <u> </u> Date Left <u> </u> / <u> </u> / <u> </u> <div style="text-align: center; font-size: small;"> Mo Day Year Mo Day Year </div> Supervisor's Name/Job Title: _____ Hours per Week: _____ Responsibilities: _____ _____ Reason for Leaving: _____ Rate of Pay: _____ |
| Employer: _____ Phone: _____ Address: _____ Job Title: _____ Date Started <u> </u> / <u> </u> / <u> </u> Date Left <u> </u> / <u> </u> / <u> </u> <div style="text-align: center; font-size: small;"> Mo Day Year Mo Day Year </div> Supervisor's Name/Job Title: _____ Hours per Week: _____ Responsibilities: _____ _____ Reason for Leaving: _____ Rate of Pay: _____ |

11. May we contact your current or past employers? Yes No If no, please explain.

12. Are you able to perform the essential functions for the job which you are applying, with or without reasonable accommodation? Yes No

I certify that all the information on this application, including my resume, is true and correct to the best of my knowledge. I understand that any misrepresentation or material omission may result in my failure to receive an offer of employment, or if I am hired prior to the discovery of the misrepresentation or material omission my immediate dismissal from employment.

I authorize my references, former employers, and anyone else the Housing Authority deems appropriate to contact to provide all requested information concerning my background, character, and previous employment. Further, I agree to release the Housing Authority and anyone the Housing Authority contacts from any and all liability arising from furnishing, use, or disclosure of such information by any of the above parties or their agents.

I understand that any offer of employment which I may receive is conditioned upon my providing satisfactory proof of my identity and my legal ability to work in the United States.

THIS APPLICATION MUST BE SIGNED IN INK AND DATED: Signed _____ Date _____

EQUAL OPPORTUNITY EMPLOYER – Housing Authority is committed to the principles of equal employment opportunity and makes employment decisions based upon job-related requirements including merit, ability and qualifications. Unlawful discrimination will not be tolerated. AMERICANS WITH DISABILITIES ACT (ADA) Applicants with a disability who require reasonable accommodations or special testing arrangements should contact Human Resources at (805)965-1071 or (805)965-2521 TDD. SECTION 3 -In accordance with Section 3 of the Housing and Urban Development Act of 1968, the Housing Authority promotes self-sufficiency amongst low income individuals and provides hiring preferences to Santa Barbara residents that meet Section 3 eligibility.



INTERN-TRAINING PROGRAM QUESTIONNAIRE

Name: _____

Date: _____

1. Why are you interested in the Intern Training Program?

2. What are your short-term and long-term career goals and how does the Intern Training Program fit in with your goals?

3. What experience and skills are you looking to acquire from the Intern Training Program?

4. What experience and skills do you currently have that would contribute to the Intern Training Program?

5. What are you motivated by?

6. What are your future school and/or career goals?

7. Are you available full-time/part-time (please circle)?

8. What is your availability? Monday: _____ Tuesday _____ Wednesday: _____ Thursday _____ Friday _____

CONFIDENTIAL AND VOLUNTARY
HOUSING AUTHORITY OF THE CITY OF SANTA BARBARA
SECTION 3-RESIDENT ELIGIBILITY SELF-CERTIFICATION

If you live in a Housing Authority public housing complex, are a Section 8 participant with the Housing Authority or live within the metropolitan area (or non-metropolitan area of the county) of Santa Barbara and are considered a "low-income" family or individual, as defined in Section 135.5, you may be eligible for a hiring preference. If you wish to qualify for the Section 3 preference, you must submit the information requested below. Your response is voluntary. If you do not want to submit this information, your eligibility for employment or contract award will not be affected.

Thank you for your assistance.

Name: _____
(Print) First Middle Last

Permanent Address: _____
(Print) Number Street City

Certification for seeking Section 3 Preference in Training and Employment

Please check one of the following:

- Public Housing Resident of the Housing Authority of the City of Santa Barbara
- Section 8 Participant of the Housing Authority of the City of Santa Barbara
- Low Income Santa Barbara Resident that meets the income eligibility guideline for low or very low total family income as published below.

I certify that the statements made on this sheet are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any misrepresentation may result in my failure to receive an offer of employment, or if I am hired prior to the discovery of the misrepresentation my immediate dismissal from employment or termination of contract.

Signature: _____ Date: _____

All residents of public housing developments of the Housing Authority City of Santa Barbara qualify as Section 3 residents. Additionally, individuals residing in Santa Barbara who meet the income limits set forth below, can also qualify for Section 3 status.

| Number of Persons: | Very Low Income <=50% AMI | Low Income: <=80% |
|--------------------|------------------------------|----------------------|
| 1 person | \$29,500 | \$47,150 |
| 2 persons | \$33,700 | \$53,900 |
| 3 persons | \$37,900 | \$60,650 |
| 4 persons | \$42,100 | \$67,350 |
| 5 persons | \$45,500 | \$72,750 |
| 6 persons | \$48,850 | \$78,150 |
| 7 persons | \$52,250 | \$83,550 |
| 8 persons | \$55,600 | \$88,950 |