

**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 Intern-Training Program will be employed by an outside employment service
(Please Print in Ink or Type)

1. Name: _____ Date: _____ How did you hear about us? _____
2. Address: _____
Number & Street City State Zip
3. Home Phone: _____ Work Phone _____ Cell Phone _____ E-mail Address: _____
4. In case of emergency notify: _____
Name Address Phone Number
5. 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: _____
6. Are you at Least 18 years of age Yes ☐ No ☐ Are you at least 21 years of age? Yes ☐ No ☐ Are you CPR Certified Yes ☐ No ☐
Minimum driving age is 21 years of age. Do you possess a valid California Driver's License? Yes ☐ No ☐ License No. _____
7. EDUCATION/TRAINING: Do you have a High School Diploma 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	

List any training, certificates, licenses, computer, or language skills, which directly relate to position applied for:

8. 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.: _____

9. 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 _____	Date Left _____
		Mo / Day / Year	Mo / Day / Year
Supervisor's Name/Job Title: _____		Hours per Week: _____	
Responsibilities: _____			

Reason for Leaving: _____		Rate of Pay: _____	

Employer: _____		Phone: _____	
Address: _____			
Job Title: _____		Date Started _____	Date Left _____
		Mo / Day / Year	Mo / Day / Year
Supervisor's Name/Job Title: _____		Hours per Week: _____	
Responsibilities: _____			

Reason for Leaving: _____		Rate of Pay: _____	

Employer: _____		Phone: _____	
Address: _____			
Job Title: _____		Date Started _____	Date Left _____
		Mo / Day / Year	Mo / Day / Year
Supervisor's Name/Job Title: _____		Hours per Week: _____	
Responsibilities: _____			

Reason for Leaving: _____		Rate of Pay: _____	

Employer: _____		Phone: _____	
Address: _____			
Job Title: _____		Date Started _____	Date Left _____
		Mo / Day / Year	Mo / Day / Year
Supervisor's Name/Job Title: _____		Hours per Week: _____	
Responsibilities: _____			

Reason for Leaving: _____		Rate of Pay: _____	

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

11. 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.

If Housing Authority determines an applicant is suitable for the internship based on an evaluation of skills and experience, prior to final selection and subsequent participation, applicant will be subject to a criminal background check, appropriate to the tasks functions and business necessity. Criminal convictions will not automatically disqualify a candidate for an internship. The nature of the crime, time since offense, surrounding circumstances, and relevance of offense to position applied will be considered.



HOUSING

AUTHORITY OF THE
CITY OF SANTA BARBARA

808 Laguna Street / Santa Barbara
California / 93101

Tel (805) 965-1071
Fax (805) 564-7041

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. What is your availability?

Monday: _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____
From _____ To _____ From _____ To _____ From _____ To _____ From _____ To _____ From _____ To _____

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