

**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
 Minimum driving age is 21 years of age. Do you have proof of the legal right to drive in CA? Yes 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:

Are you CPR Certified Yes No

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.



INTERN-TRAINING PROGRAM QUESTIONNAIRE

Name: _____

Date: _____

1. Why are you interested in an internship with the Housing Authority?

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 motivates you the most?

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
HOUSING AUTHORITY OF THE CITY OF SANTA BARBARA
SECTION 3 SELF-CERTIFICATION

The Housing Authority provides a preference to applicants who meet one or more of the criteria listed below. We encourage individuals who reside in a Housing Authority property, are a housing program 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, to apply to participate in this program, however this is not a requirement. Please complete the information below.

Thank you for your assistance.

Name: _____
(Print) First Middle Last

Permanent Address: _____
(Print) Number Street City State Zip Code

Certification for seeking Section 3 Eligibility in Training and Employment

Please check one of the following:

- 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 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.

| Household Size: | Low Income: ≤80% AMI |
|-----------------|-------------------------|
| 1 person | \$78,350 |
| 2 persons | \$89,550 |
| 3 persons | \$100,750 |
| 4 persons | \$111,900 |
| 5 persons | \$120,900 |
| 6 persons | \$129,850 |
| 7 persons | \$138,800 |
| 8 persons | \$147,750 |