HOUSING AUTHORITY OF THE CITY OF SANTA BARBARA

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

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)

	Name:				_ How	did you hear	about us?_	
2.	Address:Number & Street		City			State		Zip
3.	Home Phone:	Work Phone						1
						. —		
٠.	In case of emergency notify:	Name		Add	lress			Phone Number
5.	Housing Authority Policy may re Do you have a first cousin or clo							d or marriage to an employee.
	Yes □ No □ if yes: Name of	Relative:		Relationship:			Department	:
ó.	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	l right to drive in C	A? Ye	s □ No □		
' .	EDUCATION/TRAINING: Do	you have a High Scho	ool Diploma or d	o you possess a GE	ED? Y	es □ No □]	
	Name and Location of Col	lege or University		Subject or Major		Units Co Semester	•	Title of Degree Awarded
	List any training, certificates, lic	enses, computer, or lar	nguage skills, wh	ich directly relate t	o positi	on applied fo	or:	
_								
— А	re you CPR Certified Yes □ No □							
3.	Please list the names of <u>profession</u> work skills.	onal references (other t	han family mem	bers or friends) who	o can b	e contacted to	o provide in	formation regarding your
	Name of Reference:				Relat	ionship:		
	Address:				Phon	e No.:		
	Name of Reference:				Relat	tionship:		
	Address:				Phon	e 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, <u>BUT NOT IN PLACE OF</u>, 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:	
Address:	Det Control
Job Title:	Date Started/_ Date Left/_/ Mo Day Year Mo Day Year
Supervisor's Name/Job Title:	
Responsibilities:	Trout per Week.
Reason for Leaving:	Rate of Pay:
	· · · · · · · · · · · · · · · · · · ·
Employer:	Phone:
Address:	
Job Title:	Date Started / / Date Left / /
Supervisor's Name/Joh Title	Mo Day Year Mo Day Year Hours per Week:
Supervisor's Name/Job Title:	nours per week
Responsibilities:	
Passon for Lagging	Data of Davi
Reason for Leaving:	
Employer:	Phone:
Address:	1 none.
ob 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:	D-4- C44-3 / D / I C
ob Title:	Date Started / / Date Left / / Mo Day Year Mo Day Year
Supervisor's Name/Job Title:	
Responsibilities:	
Reason for Leaving:	Rate of Pay:
couson for Leaving.	
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	e job which you are applying, with or without reasonable accommodation? Yes \(\simeq \) No \(\simeq \)
rtify that all the information on this application, including my	resume, is true and correct to the best of my knowledge. I understand that any
	o receive an offer of employment, or if I am hired prior to the discovery of the
representation or material omission my immediate dismissal f	
thorize my references former employers and anyone also the	e Housing Authority deems appropriate to contact to provide all requested information
	Further, I agree to release the Housing Authority and anyone the Housing Authority conta
	are of such information by any of the above parties or their agents.
	s conditioned upon my providing satisfactory proof of my identity and my legal ability to wo
ne United States.	
S APPLICATION MUST BE SIGNED IN INK AND DATE	ED: Signed Date
	committed to the principles of equal employment opportunity and makes employment
	bility and qualifications. Unlawful discrimination will not be tolerated. AMERICANS WI
	quire reasonable accommodations or special testing arrangements should contact Human
sources 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

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.

eligibility.

Housing Authority promotes self-sufficiency amongst low income individuals and provides hiring preferences to Santa Barbara residents that meet Section 3



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 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	
Cer	tification fo	or seeking Se	ction 3 Eligi	bility in Train	ing and Employ	₍ ment
Please check one of t	he following	g:				
$ \square \ Housing \ Resident$	of the Hous	ing Authori	ty of the City	of Santa Bark	oara	
□ Section 8 Participa	nt of the Ho	ousing Autho	ority of the C	City of Santa B	arbara	
□ Low-Income Santa family income as pu			neets the inc	ome eligibility	y guideline for l	ow or very low <u>total</u>
I certify that the statement made in good faith. I und hired prior to the discovery	derstand that a	any misreprese	ntation may re	sult in my failur	e to receive an offer	of employment, or if I am
Signature:			Da	ate:		

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	\$ 11 1 ,900
5 persons	\$120,900
6 persons	\$129,850
7 persons	\$138,800
8 persons	\$147,750