



Personal References:  
List 3 persons who are familiar with your employment qualifications  
**(Do not include family members)**

Name	EMAIL address	Phone
_____	_____	_____
Name	EMAIL address	Phone
_____	_____	_____
Name	EMAIL address	Phone
_____	_____	_____

**EMPLOYMENT HISTORY:** List all employment; listing most current or most recent first

Date Employed From _____ to _____  May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name, address and phone of employer: _____ Job title/description of duties: _____ Reason for leaving: _____
Date Employed From _____ to _____  May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name, address and phone of employer: _____ Job title/description of duties: _____ Reason for leaving: _____
Date Employed From _____ to _____  May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name, address and phone of employer: _____ Job title/description of duties: _____ Reason for leaving: _____
Date Employed From _____ to _____  May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name, address and phone of employer: _____ Job title/description of duties: _____ Reason for leaving: _____

If a conditional employment offer is made, could you furnish verification that you 18 years of age or older?

Yes No

If hired, will you provide the proper verification of legal work status? Yes No

If a valid California Driver's License is required for this position, do you hold a current valid California Driver's License?

Yes No License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, either with our without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed: \_\_\_\_\_

IVHA complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform the essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.

It is our policy to comply with all applicable federal and state laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability, or sexual orientation or other protected classification, and to maintain a drug free workplace. IVHA is an Equal Opportunity Employer.

I hereby attest and certify that all statements made in this application are actual and authorize investigation of all matters contained in this application. I understand that any misrepresentation will be sufficient evidence to subject me to disqualification for employment or dismissal. For certain sensitive positions, a medical evaluation will include a drug/alcohol screen as part of the contingent employment offer. I consent to the disclosure of the results of any physical or related tests to the Imperial Valley Housing Authority. I further understand and agree the Imperial Valley Housing Authority may obtain Public Records about me as part of a background investigation to include: education, past or present employer, law enforcement agencies, credit reporting agencies. I hereby release the Imperial Valley Housing Authority and all persons from liability as a result of furnishing the information. I also understand I will be asked to show verification of citizenship or legal status to work in the United States as required by law.

Print Name of Applicant: \_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

**Imperial Valley Housing Authority**

**Confidential Record**

Name \_\_\_\_\_

Date: \_\_\_\_\_

**This Record is Confidential**

**This information is collected for statistical purposes and will not be included in your application. Completing this form is not mandatory, if you do not wish to identify your race or ethnicity, please mark the last option.**

Please identify race/ethnic information:

- |  |  |
|--|--|
| <input type="checkbox"/> White (Not of Hispanic Origin)    | All persons having origins in any of the original peoples of Europe, North Africa or the Middle East   |
| <input type="checkbox"/> Black (Not of Hispanic Origin)    | All persons having origins in any of the racial groups of Africa   |
| <input type="checkbox"/> Hispanic                          | All persons Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race   |
| <input type="checkbox"/> Asian or Pacific Islander         | All persons having origins in any of the original peoples of the Far, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands and Samoa. |
| <input type="checkbox"/> American Indian or Alaskan Native | All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition   |
| <input type="checkbox"/> Decline to self-identify          |  |

**(Definitions from the Employment Opportunity Commission)**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Section 3 Resident Eligibility Certification**

The Imperial Valley Housing Authority acknowledges it is subject to Section 3 of the Housing and Urban Development Act of 1968 requiring programs receiving direct funding from HUD, provide, to the greatest extent feasible, opportunities for employment to lower income residents.

If you are a resident of Public Housing through a Housing Authority or reside in a household participating in the Section 8 Housing Choice Voucher Program and are considered low income, you may be eligible to receive a hiring preference, subject to the employment standards of the Imperial Valley Housing Authority.

Your response below is voluntary:

I am  I am not  a resident of Public Housing or a resident of a household participating in the Section 8 Housing Choice Voucher Program.

I am  I am not  a resident of Imperial County and fall below the income guidelines for low or very low income as published below

Income Category	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 persons
Low Income	36,300	41,500	46,700	51,850	56,000	60,150	64,300	68,450

Thank you for your cooperation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_