



# Worcester Housing Authority

40 Belmont Street, Worcester, MA 01605  
Telephone: (508) 635-3000 Fax: (508) 635-3186  
TDD: (508) 798-4530

## APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Applicants will receive consideration without regard to race, color, religious creed, age, national origin, sex, sexual orientation, ancestry, military status, or disability.

The Worcester Housing Authority will provide reasonable accommodations to applicants with disabilities. The WHA provides preference to Section 3 applicants.

DATE \_\_\_\_\_

POSITION APPLYING FOR \_\_\_\_\_

NAME \_\_\_\_\_  
*(Last, First, Middle)*

ADDRESS \_\_\_\_\_  
*(Street, City, or Town, State & Zip)*

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

Summarize your employment experience for the past five years starting with your present or last job. You may include any work performed on a volunteer basis as well as any military service.

1	Employer	Dates Employed From To		Work Performed
	Contact Person			
	Address			
	Telephone Number(s)	Hourly Rate/Salary Starting Final		
	Job Title			
	Reason For Leaving			
2	Employer	Dates Employed From To		Work Performed
	Contact Person			
	Address			
	Telephone Number(s)	Hourly Rate/Salary Starting Final		
	Job Title			
	Reason For Leaving			
3	Employer	Dates Employed From To		Work Performed
	Contact Person			
	Address			
	Telephone Number(s)	Hourly Rate/Salary Starting Final		
	Job Title			
	Reason For Leaving			

Additional personal and/or professional references may be requested

**EDUCATION**

	<i>High School</i>				<i>Undergraduate College/ University</i>				<i>Graduate/ Professional</i>			
<i>School Name and Location</i>												
<i>Years Completed</i>	9	10	11	12	1	2	3	4	1	2	3	4
<i>Diploma/ Degree</i>												
<i>Describe Course of Study</i>												

**SPECIAL SKILLS, QUALIFICATIONS, AND LICENSES**

List special job-related skills, qualifications and licenses acquired from employment or other experience.

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**LANGUAGES**

Summarize your knowledge of any language and your level of ability.

Language	_____		
Reading Ability	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Fluent
Writing Ability	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Fluent
Speaking Ability	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Fluent

Language	_____		
Reading Ability	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Fluent
Writing Ability	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Fluent
Speaking Ability	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Fluent

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## Section 3 Eligibility Form Application for Employment

The information requested is required to determine eligibility as a Section 3 applicant.

### Applicant Information

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Are you a legal resident of public housing?      Yes      No

Are you a Section 8 participant?      Yes      No

### Income Information

Check the box in the last column that corresponds to the number of people in your household, if your income is within the range shown for the number of people in your household.

Number of People in your Household	Annual Household Income	
1	\$44,950 or less	
2	\$51,400 or less	
3	\$57,800 or less	
4	\$64,200 or less	
5	\$69,350 or less	
6	\$74,500 or less	
7	\$79,650 or less	
8	\$84,750 or less	

### If not applicable, please check here

I certify that the information provided is true and accurate and I agree to provide, upon request, documents that verify the information submitted. I understand that designation as a Section 3 applicant does not guarantee selection for employment.

\*\* By typing your name and date in the signature and dates fields below, you are agreeing to the terms stated above

Signature	Date
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**GENERAL**

Have you previously been employed by the WHA?

YES

NO

*If yes, state job titles and dates of employment:*

Do any of your relatives (including in-laws) or members of your household work for the WHA?

YES

NO

Are you legally authorized to work in the U.S.?

YES

NO

*(You will be required to submit supporting documentation.)*

If you are under 18 can you furnish a work permit?

YES

NO

**REFERENCES**

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Relationship*

\_\_\_\_\_  
*Company*

\_\_\_\_\_  
*Contact Number*

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Relationship*

\_\_\_\_\_  
*Company*

\_\_\_\_\_  
*Contact Number*

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Relationship*

\_\_\_\_\_  
*Company*

\_\_\_\_\_  
*Contact Number*

**PLEASE READ CAREFULLY AND SIGN THE STATEMENT BELOW:**

I certify that the information given above is true and complete, and I understand that misrepresentation and/or withholding of information will result in the rejection of this application or my discharge if discovered after employment begins.

I authorize the WHA to make inquiries regarding my work, educational history, character, and information contained on this application from any of my prior employers and from educational institutions that I attended. I hereby release the WHA from any liability with respect to such inquiries. I further release all such employers and educational institutions (and individuals acting on their behalf) from any liability arising from their response to such inquiries in connection with this application for employment.

\*\* By typing your name and date in the signature and dates fields below, you are agreeing to the terms stated above

Applicant's  
Signature

\_\_\_\_\_



Date

\_\_\_\_\_

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

***DO NOT WRITE BELOW THIS LINE***

Has applicant ever been convicted of a felony?

YES

NO

*If yes, explain:*

\_\_\_\_\_

Has applicant been convicted of a misdemeanor within the last 5 years?

*(Do not include a first conviction for drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace.)*

YES

NO

*If yes, explain:*

\_\_\_\_\_