

Date Received:

Pennington County Housing & Redevelopment Commission

Application for Employment

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

"Special accommodations for application, training, or job information in alternative formats available upon request"

Position applied for: _____

Name: _____
Last First MI

Mailing Address: _____
Street/Box City State/Zip

Social Security Number: _____

Telephone Number: _____
Home Work

If hired can you furnish proof that you are 18 years of age, or if under 18, do you have a permit to work? _____
If no, please explain _____

If hired, can you furnish proof that you are eligible to work in the United States? If no, please explain _____

(If unsure of the documents needed to prove eligibility to work in the US, we will be happy to explain the legal requirements.)

Males born after December 31, 1959 are required to register with the Selective Services. Are you registered with the Selective Services? ____ Yes ____ No

Will you accept:
____ Full-time Employment ____ Part-time Employment ____ Temporary Employment
If hired, will you be able to work during the normal days and hours required for the position(s) for which you are applying?
If no, please explain _____

Has this company ever employed you in the past? If yes, please give dates of employment, positions held, and state your name while employed, if different present name. _____

If your application is considered favorably, on what date will you be available to work? _____

References: List those persons willing to provide personal and/or professional references. Please do not list any relatives or any former employers. Providing this information means that you give the organization permission to contact the references listed.

- | | Name | Complete Address | Daytime phone and best time to contact |
|----|-------|------------------|--|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

Educational History:

School	Name & Address	Course of Study	Did you graduate?	Degree or Diploma
Secondary:				
Post Secondary:				
Other:				

Do you have all the licenses and professional certifications listed in the job announcement, job advertisement, or job description, or that are necessary to perform the job(s) for which you are applying? If no, please explain.

Use this space to identify any other educational experiences you have had which are *pertinent* to the position for which you applied. Include workshops, seminars, military or vocational training, etc. which are not listed above. Indicate the number of hours involved, number of weeks, and/or number of credits, etc.). _____

Have you ever been convicted of a felony, or released from prison in the past 10 years? Note: A yes answer does not automatically disqualify you from employment since the nature of the offense, date and type of job for which you are applying will be considered. If yes, please explain. _____

Work History

Begin with your current or most recent position and work backwards. List each promotion as a separate job. Include any paid or verifiable non-paid experience. Be as accurate and complete as possible, especially in describing the duties of each position. If you need additional space, attach additional sheets using the same format.

A. Employer: _____ Type of Business: _____

Employers Address: _____ Phone: _____

Supervisor's Name and Title: _____

No. of employees you supervised: _____ Average hours worked per week __ 1-10 __ 11-20 __ 21-30 __ 31-40

Reason for Leaving: _____

Complete Description of Duties: _____

Work History Continued:

B. Employer: _____ Type of Business: _____

Employers Address: _____ Phone: _____

Supervisor's Name and Title: _____

No. of employees you supervised: _____ Average hours worked per week __ 1-10 __ 11-20 __ 21-30 __ 31-40

Reason for Leaving: _____

Complete Description of Duties: _____

C. Employer: _____ Type of Business: _____

Employers Address: _____ Phone: _____

Supervisor's Name and Title: _____

No. of employees you supervised: _____ Average hours worked per week __ 1-10 __ 11-20 __ 21-30 __ 31-40

Reason for Leaving: _____

Complete Description of Duties: _____

D. Employer: _____ Type of Business: _____

Employers Address: _____ Phone: _____

Supervisor's Name and Title: _____

No. of employees you supervised: _____ Average hours worked per week __ 1-10 __ 11-20 __ 21-30 __ 31-40

Reason for Leaving: _____

Complete Description of Duties: _____

Additional Space:

Please Read and Sign Below

I give my consent to any pre-employment physical examination required by this company after any conditional offer of employment has been made.

If employed, I understand that my employment is for no definite period of time, and if terminated the employer is liable only for wages and/or salary earned as of the date of termination.

I hereby certify that the information given by me is true and complete to the best of my knowledge and belief. I further authorize investigation of all statements I have made. Misrepresentations, falsification, or omission of facts called for in this application or in the interview process are cause for cancellation of this application or termination of employment. **Unsigned applications will not be considered.**

Signature: _____ **Date:** _____

Authorization for reference requests (sign below).

I have applied with PCHRC for employment and I desire that they be fully advised of my record with former employers. I, therefor, respectfully request that you furnish the requested information concerning my employment with your organization, and hereby release you from any and all liability of damages for providing the information requested.

Applicants Signature: _____ **Date:** _____

PCHRC, in accordance with state and federal laws, does not discriminate on the basis of age, race, color, ancestry, national origin, creed, religion, sex, marital status, disability, or political affiliation.

PCHRC recognizes that South Dakota is an employment at-will state and maintains the employment at-will status for all employees.

RESIDENT EMPLOYMENT OPPORTUNITY DATA

THE PENNINGTON COUNTY HOUSING AND REDEVELOPMENT COMMISSION (PCHRC)

REQUEST FOR SECTION 3 PREFERENCE

Eligibility for Preference

A section 3 resident seeking the preference in training and employment provided by this part shall certify, or submit evidence to the recipient contractor or subcontractor, if requested, that the person is a Section 3 resident, as defined in Section 135.5. (An example of evidence of eligibility for the preference is evidence of receipt of public assistance, or evidence of participation in a public assistance program.)

SECTION 3 INCOME LIMITS

All residents of public housing developments of the Pennington County Housing and Redevelopment Commission qualify as Section 3 residents. Additionally, individuals residing in Pennington County who meet the income limits set forth below can also qualify for Section 3 status.

A picture identification card and proof of current residency is required.

(2019) Eligibility Guideline

Number in Household	Low Income
1 individual	\$39,300
2 individuals	\$44,900
3 individuals	\$50,500
4 individuals	\$56,100
5 individuals	\$60,600
6 individuals	\$65,100
7 individuals	\$69,600
8 individuals	\$74,100

Certification for Resident Seeking Section 3 Preference in Training and Employment

I, _____, am a legal resident of Pennington County, and meet the income eligibility guidelines above.

My permanent address is: _____

I have attached the following documentation as evidence of my status:

- Copy of Evidence of participation in a public assistance program
 Copy of receipt of public assistance Copy of lease Other evidence

OR

I am not claiming Section 3 Preference

 Signature

 Print Name

 Date