



# HOUSING AUTHORITY OF THE CITY OF RENO

1525 EAST NINTH STREET - RENO, NEVADA 89512-3012  
(775) 329-3630 TTY (385) 770-7166

# APPLICATION FOR EMPLOYMENT

Applications may be submitted by: **email to hr@renoha.org, mailed to 1525 East 9th Street, Reno NV 89521, or dropped off at 1525 East 9th Street, Reno NV 89521 during regular business hours.**

*Equal Opportunity/Affirmative Action Employer*

**IMPORTANT NOTICE: READ THIS APPLICATION THOROUGHLY AND COMPLETE IT CAREFULLY AND HONESTLY.** The Housing Authority of the City of Reno ("RHA") performs a detailed background and pre-employment investigation process which frequently discloses inaccurate, false, and/or incomplete or omitted information. Should this process find any inaccurate or incomplete information, it may result in either your application being disqualified from consideration for employment or termination if the inaccuracies are discovered subsequent to employment by RHA. A record of conviction will not necessarily bar the applicant from employment and the Housing Authority of the City of Reno will consider factors such as: 1) the length of time that has passed since the offense; 2) the age of the applicant at the time of the offense; 3) the severity and nature of the offense; 4) the relationship of the offense to the position for which the applicant has applied; and 5) evidence of the rehabilitation of the applicant.

**Please type or print in ink.**

Title of job for which you are applying: Temporary CHAP Office Clerk		Date:	
NAME, Last		First	Middle Initial
List any other names you have used or currently use, including maiden name, nicknames, stage names, married names, or any names used by you in conjunction with your social or professional activities. Include circumstances.			
<u>Name</u>		<u>Circumstances</u>	
Mailing Address: Street	City	State	ZIP Code
Home Phone	Message/Cell Phone	Email Address	Date you will be available for employment (month/day/year)
Driver's License #	State	Expiration Date	Social Security Number
If you have ever used any other social security number, list it and detail the fact and circumstances regarding your use of it: Other SS#:			
List names of any relatives employed by RHA:	Have you been employed by RHA before? <input type="checkbox"/> Yes <input type="checkbox"/> No What position? Date:		
Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No Proof of citizenship or immigration status will be required prior to employment.			
High School: Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, have you passed a GED test? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name and location of colleges or trade schools attended	Approximate number of credits completed	Areas of study	Degrees or certificates received
Any specialized training, apprenticeships, on-the-job, or military training:			

**WORK EXPERIENCE: Beginning with your most recent job**, list each job separately. List all jobs and any period of unemployment, relevant volunteer work or military service in the last 10 years. Also list any jobs you held more than 10 years ago which relate to the job for which you are applying, and indicate the number of hours per week that you worked. Also, you may list any volunteer experience which relates to the job for which you are applying. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap, or other protected status. If more space is needed to describe employment history, attach additional employment history forms.

Do NOT substitute a resume for this application; resumes may be attached only for additional information. Do NOT attach samples of work, awards, letters, etc. Attach certificates, license copies, etc., **only if required by job announcement**. RHA will verify employment history prior to final consideration of an applicant. **Fill out completely; do not use "see attachments."**

Please type or print in ink.

Name of Employer		Name Under Which You Were Employed		Type of Business	
Address				Phone	
Reason for Leaving			May We Contact?		Name of Supervisor
Title of Position Held		Employed From: _____ Mo. _____ Yr. To: _____ Mo. _____ Yr.		Hrs. Per Week	Last Salary
Please identify most important tasks/duties performed and percentage of time spent on each task.					
Description of Task					Approx. % of Time
_____					
_____					
_____					
_____					
_____					
_____					
Number of employees you supervised:			Equipment/Software used:		

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Description of Task					Approx. % of Time
Number of employees you supervised:			Equipment/Software used:		

Note: Applicant is responsible for providing photocopies of resumes or other required materials. **We will not make photocopies for you.** This application form and any attachments will become official property of RHA and cannot be returned, reused or copied after being submitted. You should retain a copy of your completed application for your records.

**SKILLS & QUALIFICATIONS — Check appropriate box(es) and list relevant information (i.e., speed, program name, years of experience, etc.)**

Word processing, spreadsheet, other software programs experience:

- Carpentry, years: \_\_\_\_\_
- Drywall, years: \_\_\_\_\_
- Electrical, years: \_\_\_\_\_
- Irrigation, years: \_\_\_\_\_
- Landscaping, years: \_\_\_\_\_
- Plumbing, years: \_\_\_\_\_
- Refrigeration, years: \_\_\_\_\_
- Other, years: \_\_\_\_\_

Describe any other experience, job-related knowledge, skills, abilities or credentials that qualify you for the position applied for:

List **job-related** certifications, licenses, and other special abilities, etc.

Number of years of supervisory experience:

**Use additional paper, if necessary, to answer questions completely.**

**References. Give names, addresses and telephone numbers of three professional references who are not related to you.**

Name	Mailing Address	Telephone Number(s) and Email address

**Applicant's Statement**

I certify that all statements and information provided in this application are true and complete to the best of my knowledge. I understand that any misstatements, Omissions or falsification of this information will be grounds for rejection of my application and/or dismissal if discovered after I may be hired.

\_\_\_\_\_ Initials

I understand that all statements made by me in connection with this application for employment may be checked by RHA. I **authorize RHA to contact my prior employers**, including each of those references listed above, and other sources of information regarding my background, and I **hereby authorize and direct each such employer and source of information to release any and all information concerning my previous employment, personal or otherwise**, including, but not limited to, any criminal conviction on my record, employment security information or state industrial insurance information. Moreover, I **hereby indemnify** the Reno Housing Authority, any agent acting on its behalf, each of my prior employers listed above and each of the other sources of information contacted and agree to hold them harmless from any and all claims or damage arising from this authorization and direction to issue such information.

\_\_\_\_\_ Initials

I understand that **pre-employment drug testing is required as a condition of employment**. If employed, I agree to conform to the rules and regulations of RHA.

\_\_\_\_\_ Initials

I understand that this application will only be considered "active" for 60 calendar days from the date of application. If I have not obtained employment with RHA within those 60 days, but remain interested in obtaining employment with RHA, I understand that I must complete a new application for any other job openings.

\_\_\_\_\_ Initials

I understand that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

\_\_\_\_\_ Initials

Signature (DO NOT PRINT) \_\_\_\_\_

Date \_\_\_\_\_

## AFFIRMATIVE ACTION INFORMATION

It is the policy of this organization to provide equal employment opportunities to all qualified individuals without regard to age 40 and over, color, disability, gender identity, genetic information, military or veteran status, national origin, race, religion, sex, sexual orientation or any other applicable status protected by state or local law. As an affirmative action employer under E.O. 11246, we invite all applicants or employees to identify themselves as indicated below.

**COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE EMPLOYMENT DECISION. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM AND PERSONNEL FILE.**

### PLEASE PRINT

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Position applied for (*list only one*) \_\_\_\_\_

Where did you hear about this job? \_\_\_\_\_

**Race/Ethnicity** (You may mark one or more of the following):

- White**—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- American Indian or Alaska Native**—A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Hispanic or Latino**—A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Black or African American**—A person having origins in any of the black racial groups of Africa.
- Asian**—A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander**—A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Sex:  Male  Female

I elect not to identify

Signature \_\_\_\_\_



## Section 3 Reporting Form

The Reno Housing Authority (RHA) receives funding from the Department of Housing and Urban Development (HUD) and are required to complete specific forms to assist HUD in gathering pertinent data. The Section 3 Summary Report allows the RHA to provide HUD with income information for recently hired employees whose family income falls in the low and very low income levels.

The table below provides the income levels by corresponding household size published by HUD. Please indicate by putting an "x" in the box if your household's total annual income is at or below the very low income or low income limits listed in the chart below.

<u># in Household</u>		<u>At or Below Very Low Income</u>		<u>At or Below Low Income</u>
1		\$29,250		\$46,800
2		\$33,400		\$53,450
3		\$37,600		\$60,150
4		\$41,750		\$66,800
5		\$45,100		\$72,150
6		\$48,450		\$77,500
7		\$51,800		\$82,850
8		\$55,150		\$88,200

**Check this box if none of these apply.**

This information is strictly voluntary and will be confidential. Please submit the form with your employment application. The RHA appreciates your participation.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 05/31/2023

Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
(if applicable)

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

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

### Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability  
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

### For Employer Use Only

*Employers may modify this section of the form as needed for recordkeeping purposes.*

*For example:*

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

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## Veterans Invitation to Self-Identify

The Reno Housing Authority is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A “disabled veteran” is one of the following:
  - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs;  
**or**
  - a person who was discharged or released from active duty because of a service-connected disability.
- A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA – the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor’s Veterans Employment and Training Service (VETS), toll-free, at **1-866-4-USA-DOL**.



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## INVITATION TO SELF-IDENTIFY

PLEASE PRINT

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Job Title Applied/Hired for (*list only one*) \_\_\_\_\_

Signature \_\_\_\_\_

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

As a government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- I identify as one or more of the classifications of protected veterans listed above
- I am not a protected veteran
- I decline to self-identify

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam era veterans' readjustment assistance act of 1974, as amended.

The information you submit will be kept confidential, except that (1) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (2) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (3) government officials engaged in enforcing laws administered by the office of federal contract compliance programs, or enforcing the Americans with disabilities act, may be informed.