



www.mphaonline.org

Read the Job Description carefully to be sure that you meet all of the requirements. Please include proofs of education (such as copies of diplomas), professional licenses (such as trades licenses), veteran's eligibility, etc. Please fill out the application completely and type or print legibly in ink. Applications that are not complete will not be processed.

**REQUIRED INFORMATION:** The information on this application, including Social Security number, is necessary to identify you and to determine your suitability for employment. If you do not provide the information requested, MPHA may not consider your employment application.

Date \_\_\_\_\_

Title of Job Applied For: \_\_\_\_\_ Job# \_\_\_\_\_  
(if applicable)

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

If you should move after submitting this application, please immediately notify Human Resources, in writing, of your change of address or telephone number.

Address \_\_\_\_\_  
Street City State Zip Code

Telephone ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ Soc. Sec.# \_\_\_\_\_  
Home Business

How did you hear about the position? \_\_\_\_\_

Are you 16 years of age or older?  Yes  No Are you legally eligible to be employed in the US?  Yes  No

Do you have a relative (other than a spouse) presently working for MPHA?  Yes  No

If yes, whom? \_\_\_\_\_ Relationship \_\_\_\_\_

Has any of your education or experience been under another name?  Yes  No

If yes, what was the name? \_\_\_\_\_

Do you conduct business with or have any contractual relationship with MPHA (e.g., participate in Section 8 as a landlord or hold a contract performing work for MPHA)?  Yes  No

If yes, please explain: \_\_\_\_\_

Having read the job posting and description, can you perform the essential duties of the position for which you are applying?  Yes  No

The application process for this position may include employment skills testing, such as typing and/or computerized clerical and math tests. Having reviewed the job posting information, can you complete the tests required for the position for which you are applying?  Yes  No

If you need assistance to complete the required tests, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER APPLICANT INFORMATION**

AN AFFIRMATIVE ACTION-EQUAL OPPORTUNITY EMPLOYER: The MPHA will hire and promote without regard to race, creed, color, age, religion, sex, marital status, veteran status, public assistance status, national origin, physical or mental disability or affectional preference.

**References:** Please list 3 references whom we may call. Please indicate whether the references are personal or professional/supervisory. Do not include family members.

	Name	Title	Reference Type		Phone
			Personal	Professional	
1.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	(____) _____
2.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	(____) _____
3.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	(____) _____

**Educational Background:**

Last grade of (grammar/high) school completed \_\_\_\_\_ Did you graduate?  Yes  No  GED

Name of Last High School Attended	City	State
_____	_____	_____
Name and Location of College, University, Technical, Professional, Business, Correspondence, Trade or Other School	Cert. or Degree (Attach Copy)	Major/Minor Subject
_____	_____	_____
_____	_____	_____

**Personal Experience:** MPHA employees serve the public. Do you have any work, training, volunteer or personal experience which is relevant to this position and in which you worked with persons of different races, ages or with handicapped persons which you feel may help you qualify for this position?  Yes  No

If yes, please explain:

Are you fluent in a language other than English, including sign language?  Yes; specify: \_\_\_\_\_  No

If the applicable job description so requires: 1) Do you have access to a motor vehicle?  Yes  No  
2) Do you have a valid driver's license?  Yes; specify state: \_\_\_\_\_  No

**Comments:** (including explanation of any gaps in employment):

**Skills and Qualifications:** Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our agency.

**Other Information:**

Have you ever been convicted of any violation of the law other than a minor traffic violation?  Yes  No  
If yes, please explain on a separate sheet of paper.

Have you ever been discharged or asked to resign from a position for misconduct or unsatisfactory service?  
 Yes  No If yes, please explain the situation on a separate sheet of paper.

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**Employment History:** List all of your work history for the last 7 years. Attach extra pages as necessary. Please start with your PRESENT or MOST RECENT job. Include all paid experience, as well as job-related unpaid or volunteer experience. Explain any gaps in employment, excluding disabilities, in the comments section on the previous page.

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Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Address \_\_\_\_\_ Dates employed: From \_\_\_\_\_ to \_\_\_\_\_  
City, State \_\_\_\_\_ Hours per week \_\_\_\_\_  Paid  Volunteer  
Supervisor's Name \_\_\_\_\_ Last Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Employer's Phone (\_\_\_\_) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Describe duties:

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If you are currently working, may we contact your PRESENT employer to verify employment?  Yes  No

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Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Address \_\_\_\_\_ Dates employed: From \_\_\_\_\_ to \_\_\_\_\_  
City, State \_\_\_\_\_ Hours per week \_\_\_\_\_  Paid  Volunteer  
Supervisor's Name \_\_\_\_\_ Last Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Employer's Phone (\_\_\_\_) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Describe duties:

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Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Address \_\_\_\_\_ Dates employed: From \_\_\_\_\_ to \_\_\_\_\_  
City, State \_\_\_\_\_ Hours per week \_\_\_\_\_  Paid  Volunteer  
Supervisor's Name \_\_\_\_\_ Last Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Employer's Phone (\_\_\_\_) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Describe duties:

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If you need more space, use the last page of this application or attach extra pages. Please enclose all additional pages with this application. Although you must *FULLY* complete this application, you may also include a job resume or other descriptions of your work, volunteer and personal experiences that are relevant to this position.

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You may use this space to provide additional information that you feel may help you qualify for this position or which may clarify other information that you have already provided.

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**Please be sure to read the following statements carefully prior to signing this application:**

1. I certify that all the information on this application is true and complete to the best of my knowledge. I understand that giving false information or omitting information could result in rejection of my application or dismissal if I am hired.
2. I consent to and authorize the MPHA, and its agents and employees, to obtain in any manner any reference information concerning me, including achievement, wage history, performance, attendance, personal history, disciplinary information, and reason for separation of employment, relating to my employment with any former employer. It is expressly understood that any information sought or obtained is to be used for the purpose of determining my acceptability for employment.
3. I release the MPHA, and its agents and employees, from all liability for damages or claims, including but not limited to defamation, interference with contract, or prospective economic advantage and negligence, I have or may have which arise or result from any reference information sought or obtained pursuant to this authorization.
4. I understand that MPHA will not contact my current employer if I checked "No" to the question: "May we contact your present employer?"
5. I understand that if I do not sign this authorization, MPHA will not consider my employment application.

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Signature

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Print Name Clearly

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Date

**This release shall be valid for one year from the date above.**



## Notice to All Applicants:

This application packet contains the following forms. When completing each form, please follow the directions carefully and answer all questions. Remember to sign the employment application.

**Application for Employment:** This form is required. Please complete all sections. When submitting your employment application, please provide copies of all certificates and or/degrees that you have listed on your application.

**Section 3 Resident Certification:** This form (green) applies only to individuals living within the city limits of Minneapolis and current and past participants of HUD Youth Build programs. This form is optional, but can provide certain applicants with priority consideration during the interview process.

**Veteran's Preference Points Application:** This form (cream) is also optional, and only applies to qualified veterans and spouses of deceased or disabled veterans of the U.S. Military.

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## The MPHA Hiring Process

After the application deadline, your application will be reviewed to ensure that it is complete. We will determine if your work experience and qualifications match the job for which you have applied.

A series of two interviews will be conducted for each vacant position. The first interview will be with the Human Resources Department. Please note that not all applicants for a position will be interviewed.

- Certain positions require testing for skills related to the job. If the position requires testing and you are selected to take the tests, you will be notified by mail. You will then be scheduled for your first interview upon successful completion of the tests.
- If the position does not require testing and you are selected for an interview, you will be contacted by phone.

After first interviews are complete, we will send applications of select candidates to the hiring supervisor, who determines which candidates will receive a second interview. The hiring supervisor will contact you by phone if you are selected for a second interview. Certain positions may require additional software testing after second interviews.

If you are not selected for a position, you will be sent a letter notifying you once the position has been filled.

We appreciate your assistance and patience in this process.

Please complete this form in its entirety – Thank you



### SECTION 3 RESIDENT CERTIFICATION

For positions available through the Minneapolis Public Housing Authority (MPHA), you may be given priority consideration if you are a Section 3 Resident.

► A Section 3 Resident is: a **current** MPHA resident (low-income public housing or Housing Choice Voucher/Section 8), a current or past participant in a HUD Youth Build Program, or a low-income resident of Minneapolis. See back page for detailed information on this program.

Please answer the following questions:

1. Are you a current resident of the Minneapolis Public Housing Authority (Low-rent or Section 8)?

Yes  No

2. Are you a current or past participant in a HUD Youth Build Program?  Yes  No

If you answered "Yes", please indicate:

Current participant  Past participant: Specify year you graduated from the program: \_\_\_\_\_

3. Do you reside within the city limits of the City of Minneapolis and have a family income equal to or less than what is listed in the chart below?  Yes  No

Family Size	1	2	3	4	5	6	7	8
Income	\$45,100	\$51,550	\$58,000	\$64,400	\$69,600	\$74,750	\$79,900	\$85,050

If you answered "Yes", what is your family size and family's annual income?

Family size \_\_\_\_\_ Family annual income \$ \_\_\_\_\_

**STOP** If you answered "No" to **all** of the above questions, stop now. You do not need to complete the rest of this form.

If you answered "Yes" to **any** of the above questions, please complete and sign the bottom of this form.

I certify that I am a Section 3 Resident and meet at least one of the criteria for being a Section 3 Resident, as listed above. As a potential employee, I understand that prior to being hired for a position, I will be required to verify information regarding my Section 3 status.

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

You may attach documentation as evidence of your status. If documentation is not available at the time of your application, you should submit it upon request. If you are attaching documentation, please indicate what documentation:

- Copy of MPHA Dwelling Lease
- Copy of Housing Choice Voucher/Section 8 Rent Notification letter, or other evidence of program participation

- Copy of evidence of participation in a public assistance program
- Evidence of low-income status (W2 forms for adult members of household, most recent federal income tax return, etc.)

# Information about Section 3 Resident Certification

**The Minneapolis Public Housing Authority is committed to and responsible for ensuring that Section 3 requirements are followed.**

## **What is Section 3?**

Section 3 is part of the Housing and Urban Development Act of 1968 with the purpose of ensuring employment and other economic development opportunities for low income persons when federal dollars are expended.

## **Who is covered by Section 3?**

Any Public Housing Authority, any entity who contracts or through contractors who sub-contracts with the Public Housing Authority or any entity that utilizes federal housing dollars for its projects.

## **What are the employment requirements for the Minneapolis Public Housing Authority (MPHA)?**

The HUD regulations require MPHA to hire Section 3 residents "to the greatest extent feasible" – **NOTE: Compliance can be demonstrated with at least 30% of all new hires by the entity being Section 3 residents.**

## **Who is a Section 3 Resident?**

A Section 3 resident is defined in priority order as:

- 1.** A current MPHA resident living in a Minneapolis Public Housing Authority unit or a Housing Choice Voucher Program/Section 8 participant receiving a voucher from the Minneapolis Public Housing Authority.
- 2.** A current or past participant in Youth Build Programs.
- 3.** A resident of the City of Minneapolis whose family income does not exceed 80% of the median income for the metropolitan area (**excluding those residents living in surrounding suburbs and the City of St. Paul**).

## **Where can I access Section 3 regulations/requirements?**

Codes and Federal Regulations (CFR), Title 24, Part 135: "Economic Opportunities for Low- and Very Low-Income Persons".

Regulations are also available online at the following web address (search for "24CFR135"): <http://www.gpoaccess.gov/cfr/index.html>

For further information or clarification of the HUD Section 3 program requirements contact:

**Leora Effinger**

**Confidential Administrative Specialist – Human Resources**

**Phone: 612-342-1212**



# Veteran's Preference Points Application Instructions

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their application results. Points are awarded subject to the provisions of Minnesota Statute 43A.11. To be eligible for veteran's preference points you must:

1. Be separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty, and be a citizen of the United States or resident alien; or be the surviving spouse of a deceased veteran or the spouse of a disabled veteran who because of the disability is not able to qualify; **AND**
2. NOT be currently receiving or eligible to receive monthly veteran's pension based exclusively on length of military service.

The information you provide on this form will be used to determine your eligibility for veteran's preference points. You are not required to supply this information, but we cannot award veteran's points without it. **You must supply a copy of your DD214. Disabled veterans must also supply form FL-802 or an equivalent letter from a Service Retirement Board. Spouses applying for preference points must supply their marriage certificate, the Veteran's DD214 and FL-802 or death certificates.**

ARE YOU APPLYING FOR VETERAN'S BONUS POINTS?  YES  NO (IF YES, COMPLETE SECTION BELOW)

<b>VETERAN'S PREFERENCE POINTS APPLICATION</b>			
Veteran: <input type="checkbox"/> Self <input type="checkbox"/> Spouse	If spouse, veteran's name:		
Branch of Service:	Period of Active Duty		From: _____ To: _____
Rank at Discharge:	Type of Discharge:	Date of Final Discharge	Service Number:
Are you receiving or eligible for a military pension?  <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a compensated service-related disability?  <input type="checkbox"/> Yes <input type="checkbox"/> No	
Preference Requested: <input type="checkbox"/> Veteran <input type="checkbox"/> Spouse of Disabled Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Spouse of Deceased Veteran			

Your preference points application cannot be considered without supporting documentation (see instructions above). If the documentation is not attached, it must be received in our office no later than five (5) calendar days after the application deadline for the position in order to guarantee that points are awarded in a timely manner.

Supporting documentation: \_\_\_\_\_ is attached \_\_\_\_\_ will be submitted within 5 days of application deadline.

Applicant's Name *(Please Print)*: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

**RETURN THIS FORM WITH APPLICATION**