

## VIRGIN ISLANDS HOUSING AUTHORITY

## SECTION 3 PROGRAM TRAINING AND EMPLOYMENT ASSESSMENT FORM

Confidentiality Notice: By completing and submitting this form, you authorize the Virgin Islands Housing Authority to process this form and any other relevant information for employment, training, administrative and reporting purposes. To the extent required by law, the Virgin Islands Housing Authority will keep such information confidential and to the extent permitted by law, the Virgin Islands Housing Authority will share such information with other local or federal job training, employment, support services, or sources of funds in connection with such employment training or the administration of public housing.

Please answer all que	estions completely.			Today's Date:			
Personal Information:							
☐Mr. ☐Mrs.☐Ms.							
Name:							
First		Middle			Last		
Date of Birth:	Tel	Nos ·					
		Nos.:(Home)	(	Cellular)	(Other)		
Dhysical Address:							
Physical Address:	(Street)	(Apt. #)	(City)	(State/Territory)	(Zip Code)		
	,	, • ,	( 3)	3,	(1)		
Mailing Address:	(Post Office Box)	(State/			(Zip Code)		
	(1 ost Office Box)	(State/1	(Ciritory)		(Zip Code)		
Are you a VIHA resident?   Yes   No If yes, Head of Household Name:							
Are you a Section 8 participant?   Yes No If yes, Head of Household Name:							
Are you a U.S. citizen? Yes No If no, indicate Alien Status:							
Is English your first spoken language?   Yes   No If no, indicate first spoken language (s):							
Educational Backgroun	d:						
Check the highest grade	completed:			_	_		
	$\begin{array}{cccc} \square & \square & \square \\ 6 & 7 & 8 \end{array}$	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	□ □ [ 13 14 1	] [] [] 5 16 17	□ 18+		
Elementary		High School	Colleg		asters		
Charle diploma/dagraa	earned: High School	☐ GED ☐ 2-year Colle	ana Dagraa	14 Voor College Degre	Mostore Degree		
Check diploma/degree c	No Diploma		ege Degree	14-1 car Conege Degre	e 🔲 masicis Degice		
Date received: Diploma/Degree Earned:							
Are you currently attending school? Yes No If yes, please check the appropriate box below:							
☐ Working on GED ☐ High School ☐ Vocational/Technical School ☐ 2-year College Degree ☐ 4-year College Degree							
Date started:	Major field o	of study:	Ex	pected graduation date:	:		
Training History:							
•	e you currently enrolled in	a VIHA sponsored or other	training progra	m? [Yes N	0		
If yes, please provide the program information below:							
1) Program Name:			Program Name	:			
	om To			From			
Did you complete the training? Yes No If no, state reason							
Do you have a certificate? Yes No If yes, state type							

Professional Licenses:								
Do you possess any other licenses, such as plumbing, electrical, contractor, cosmetology, real estate, etc?								
If yes, state type:								
Driver's License:								
Do you have a valid U.S. Virg	in Islands driver's license? Yes No If yes	indicate the Class:						
Has your license ever been suspended or revoked?   Yes No If yes, explain:								
Do you have reliable transportation?								
Skills/Interest								
Please indicate below any employment skills you have (such as typing, childcare, painting, landscaping, cleaning, construction, etc.) and the number of months or years of experience you have working in that skill area:								
Skill 1	How long Months Years Ski	ill 2	How long Months Years					
	<b>5</b> —		zow zong 🗀					
Check the employment skill(s) below you would like to learn. You may check more than one (1).    Office Work								
Current Employment:								
What is your current employm	ent status? (Check all that apply):							
<ul> <li>□ Employed Full time (20 or more hrs/wk)</li> <li>□ Self-Employed</li> <li>□ Unemployed and NOT receiving UIB</li> <li>□ Employed Part-time (less than 20 hrs/wk)</li> <li>□ Unemployed and receiving Unemployment Insurance Benefits (UIB)</li> </ul>								
Employment History:								
List every job you have had in	the last 12 months beginning with the most recent.							
Job Title	Employer Name and Address	Date Started	Date Ended					
1)								
Duties/Responsibilities:								
Reason for leaving:								
2)								
Duties/Responsibilities:								
Reason for leaving:								

Employment History Conti	nued:					
Job Title	Employer Name and Address			Date Started	Date Ended	
3)						
Duties/Responsibilities:						
Reason for leaving:						
Additional Information:						
Resources you need in orde	r to look for or get a ne	ew or better job:				
☐ Budgeting help		Childcare Parenting Class				
College Preparation		Counseling for Addition to Drug/Alcohol Transportation				
Applicant's			Guardian's Signature	(Required if appli	cant is under 18)	
FOR OFFICIAL USE	ONLY					
This is to certify that  Residency Verified by:  Received by:  Date:	VIHA Staff.(Print N		is a bona fide V Signature: Title:	IHA resident or S	ection 8 participant	
Resident Referred to:			Date:			



## Virgin Islands Housing Authority (VIHA) Mission Statement

VIHA's mission is to provide decent, safe and sanitary housing through quality maintenance, management and modernization services in a strategically planned and cost effective manner that will culminate in homeownership opportunities and a higher standard of living for Virgin Islands Tenants.

The Virgin Islands Housing Authority is an Equal Opportunity and Fair Housing Agency. Anyone who feels he or she has been discriminated against may file a complaint of housing discrimination to:

The U.S. Department of Housing and Urban Development
Assistant Secretary for Fair Housing and Equal Opportunity
Washington, DC 20410
1-800-669-9777(Toll Free)
1-800-927-9275 (TDD)

WARNING: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or representation of any material facts involving the use or obtaining of Federal funds.