

# T. GRAVES SERVICES

## EMPLOYMENT APPLICATION

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	

**PREVIOUS EMPLOYMENT**

Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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# Section 3 Self Certification Document

**This form is to self-certify (i.e., declare and sign personally, under your own responsibility) that you are eligible for Section 3 consideration.**

I \_\_\_\_\_ certify that I meet the  
[Print Full Name]  
 following Section 3 Certification requirement(s) [check all that apply]:

\_\_\_\_\_ **Category 1. Resident of HANO housing site where I also intend to work**  
 ( \_\_\_\_\_ )  
[Specify HANO housing site]

\_\_\_\_\_ **Category 2. Resident of any HANO housing site**  
 ( \_\_\_\_\_ )  
[Specify HANO housing site]

\_\_\_\_\_ **Category 3. Participant in HUD Youthbuild Program**  
 ( \_\_\_\_\_ )  
[Specify Program Location & Completion Date]

\_\_\_\_\_ **\*Category 4. Low or Very Low Income of Orleans Parish.**  
*\*Please note that your household income must not exceed the limits outlined below in order to qualify as Category 4*

	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
<b>Low Income</b>	\$33,500	\$38,300	\$43,050	\$47,850	\$51,700	\$55,500	\$59,350	\$63,150
<b>Very Low Income</b>	\$20,950	\$23,900	\$26,900	\$29,900	\$32,300	\$34,700	\$37,100	\$39,450

**I hereby certify under penalty of perjury that all information presented herein is true and correct to the best of my knowledge. I understand that making false declarations is a crime punishable by law.**

**Information Provided By:**

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

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date