

INSTRUCTIONS TO APPLICANTS

We are pleased that you have chosen to apply for a job with the Mississippi Regional Housing Authority IV. MRHA IV offers many challenging work opportunities.

The Mississippi Regional Housing Authority IV is an Equal Employment Opportunity employer. It is the policy of MRHA IV to consider all applicants for employment based on their qualifications for job vacancies. MRHA IV fully complies with all applicable laws that prohibit discrimination on the basis of race, color, religion, sex, national origin, age, disability, or Vietnam Era and Special Disabled Veterans.

If you need an employment application in an alternative accessible format, or if at any time during the interview or hiring process you require an auxiliary aid or accommodation, please contact MRHA IV's Executive Director within a reasonable period prior to the time you will require such aid or accommodation.

In order for you to receive full consideration for employment opportunities at MRHA IV, please be certain to fill in all spaces on the employment application form. If any information is missing, your application may be rejected. If you need assistance, please ask the receptionist or call the Executive Director at (662) 327-4121 or TDD (662) 327-8114 (for hearing and speech impaired).

I understand that if I am hired by MRHA IV, my employment and compensation can be terminated at any time with or without cause and with or without notice, at the option of either the employer or myself.

I understand that if I am selected for the position applied for, I will be required to submit to a drug screen test and may be required to submit to job relevant testing and a job relevant physical examination. Refusal to take these tests will eliminate my application for consideration or terminate my employment.

Please indicate below the schedule of work you will accept:

I am interested in:
(Please check all that apply)

- Full-time regular employment
- Part-time regular employment
- Full-time temporary employment
- Part-time temporary employment
- Emergency job pool

No qualified individual with disabilities shall, solely on the basis of disability, be excluded from participation in, be denied benefits of, or otherwise be subject to discrimination under any activity of the Mississippi Regional Housing Authority IV.

ALL EMPLOYMENT APPLICATIONS MUST BE SUBMITTED TO THE MISSISSIPPI REGIONAL HOUSING AUTHORITY IV AT 2845 SOUTH FRONTAGE ROAD OR POST OFFICE BOX 1051, COLUMBUS, MISSISSIPPI 39703, ATTENTION EXECUTIVE DIRECTOR.

The Mississippi Regional Housing Authority IV (MRHA IV) is an equal opportunity employer and selects the best individual matched for the job upon job-related qualifications regardless of race, color, religion, sex, national origin, age, disability, Vietnam Era and Special Disabled Veterans, or other protected groups under state and federal laws.

I understand and agree that:

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of or, if employed, termination from employment.
2. It is my understanding the MRHA IV will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interview. I authorize such investigation and the giving and receiving of any information requested by MRHA IV, and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired or, if hired, may subject me to immediate dismissal.
3. I agree that my employment may be terminated by MRHA IV at any time without liability for wages or salary except for that which may have been earned at the date of such termination. I agree to take a physical examination at any time at MRHA IV's expense to determine if I am physically fit for the job I am performing.
4. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.

I further understand that this is an application for employment and that no employment contract is or will be offered.

I understand that if I am employed, such employment is for no definite period of time and that MRHA IV can change wages, benefits, and conditions at any time without a specific notice period.

A DRUG SCREEN IS REQUIRED FOR ALL APPLICANTS WHO ARE OFFERED EMPLOYMENT WITH THE MISSISSIPPI REGIONAL HOUSING AUTHORITY IV

I have read and understand this "Instructions to Applicants".

Signature: _____

Date: _____

AUTHORIZATION AND RELEASE

I, the undersigned, do hereby authorize the Mississippi Regional Housing Authority IV to conduct a background investigation or procure a consumer report and/or investigative consumer report on me. These reports may include, but are not limited to, employment and education verifications, personal references, personal interviews, my personal credit history based on reports from any credit bureau (if deemed job relevant), my driving history including traffic citations (if deemed job relevant), a social security number verification, present and former addresses, criminal and civil history/records including any criminal history record information pertaining to me which may appear in the files of any state or local criminal justice agency, any other public record, and any other information bearing on my character, general reputation, personal characteristics, and trustworthiness.

I understand that the investigation I have authorized herein may include information obtained by interviews with my neighbors, friends, and/or associates and/or others with whom I am acquainted or who may have knowledge concerning said information. I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report prepared on me upon my written request to the Mississippi Regional Housing Authority IV that is made within a reasonable time after the date hereof.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to the Mississippi Regional Housing Authority IV, including but not limited to any courthouse, any public agency, and any and all law enforcement agencies regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

By signing below, I certify that I have received a copy of this authorization form from the Mississippi Regional Housing Authority IV. I hereby release the Mississippi Regional Housing Authority IV and any and all persons, business entities, and governmental agencies, whether public or private, from any and all liability, claims, and/or demands, of whatever kind, to me, my heirs or others making such claim or demand of my behalf, for procuring, selling, providing, brokering and/or assisting with the compilation or preparation of the background investigation, consumer report and/or investigative consumer report hereby authorized.

PRINTED NAME _____

SIGNATURE _____ DATE _____

COMPLETE RESIDENCE ADDRESS _____

Street Number Street Name

City State Zip Code County

SOCIAL SECURITY NUMBER _____

DAYTIME TELEPHONE NUMBER _____

DRIVER'S LICENSE NUMBER _____ STATE OF ISSUANCE _____

DATE OF BIRTH* _____ GENDER* _____

*This information is voluntary. However, without this information we may be unable to properly identify you in the event of duplicate information.

**Mississippi Regional Housing Authority IV
Section 3 Resident Certification**

This Authority has established a goal of having 30 percent of the aggregate number of new hires as Section 3 residents. If you would like to claim a preference as a Section 3 resident, please complete this form and return with your employment application.

What is Section 3?

Section 3 is a provision of the Housing and Urban Development (HUD) Act of 1968, as amended, requires Mississippi Regional Housing Authority IV (MRHA IV) to the greatest extent feasible; provide employment, job training, and contracting opportunities for low- or very-low income residents in connection with projects and activities in their neighborhoods.

Who are Section 3 residents?

- All residents of Mississippi Regional Housing Authority IV Public Housing Developments and Section 8 Housing Choice Voucher program qualify as Section 3 residents.
- Persons who live in MRHA IV area of operation who have income falls at or below HUD's income limits (see page 2)

PLEASE COMPLETE SECTION BELOW IF YOU PARTICIPATE IN ONE OF MRHA IV'S HOUSING PROGRAMS

Name _____ Tenant ID # _____ (_____)
(Print Name) (To be completed by PHA)

Address: _____ /City _____ / MS / Zip _____

I certify that I meet the Section 3 requirement being a resident of Mississippi Regional Housing Authority Development or Section 8 Housing Choice Voucher Program.

Resident Signature Date

Certification of Other Section 3 Resident

I am an Individual that meets income limits or other requirements of the MRHA IV in its area of operation in the Section 3 expanded area. Other requirements could include but are not limited to:

- Participant of HUD YOUTHBUILD
- Participant of a federal assisted job training program, (JPTA, etc)
- Recipient of Public assistance (TANF, Food Stamps, Medicaid, CHIPS, etc.)
- Other information determined by PHA

Based on the income limits charts on page 2 of this document my total household income level for the past 12 months was at or below the income limits. Circle the income on page 2 that best applies to your household. (Income from unrelated persons, e.g., roommates, does not count).

I hereby certify under the penalty of perjury that information I provide is true and correct and my total household income, for the last 12 months, has been at or below the income limits on page 2 of this document.

Signature _____ Date: _____

Mississippi Regional Housing Authority IV Area of Operation

Effective: April 02, 2018

Expires: Effective until superseded

2018 INCOME LIMITS

NUMBER OF PERSONS IN FAMILY:

Extremely Low means very low-income families as defined in the Consolidated Appropriations Act, 2014 amended Sec. 238(a)(3b)*

Very Low-Income represents 50% of median family income (MFI)

Low-Income represents 80% of median family income

COUNTY	Income Category	Income Limits							
		Number of Persons in Family							
		1	2	3	4	5	6	7	8
CARROLL MFI: 53,000	Extremely Low	12,140	16,460	20,780	25,100	27,450	29,500	31,500	33,550
	Very Low-Income	17,800	20,350	22,900	25,400	27,450	29,500	31,500	33,550
	Low-Income	26,500	32,550	36,600	40,650	43,950	47,200	50,450	53,700
CHOCTAW MFI: 47,800	Extremely Low	12,140	16,460	20,780	23,800	25,750	27,650	29,550	31,450
	Very Low-Income	16,700	19,050	21,450	23,800	25,750	27,650	29,550	31,450
	Low-Income	26,700	30,500	34,300	38,100	41,150	44,200	47,250	50,300
CLAY MFI: 42,100	Extremely Low	12,140	16,460	20,780	23,500	25,400	27,300	29,150	31,050
	Very Low-Income	16,450	18,800	21,150	23,500	25,400	27,300	29,150	31,050
	Low-Income	26,350	30,100	33,850	37,600	40,650	43,650	46,650	49,650
GRENADE MFI: 48,800	Extremely Low	12,140	16,460	20,780	24,400	26,400	28,350	30,300	32,250
	Very Low-Income	17,100	19,550	22,000	24,400	26,400	28,350	30,300	32,250
	Low-Income	27,350	31,250	35,150	39,050	42,200	45,300	48,450	51,550
LOWNDES MFI: 52,700	Extremely Low	12,140	16,460	20,780	25,100	28,500	30,600	32,700	34,800
	Very Low-Income	18,450	21,100	23,750	26,350	28,500	30,600	32,700	34,800
	Low-Income	29,550	33,750	37,950	42,150	45,550	48,900	52,300	55,650
MONTGOMERY MFI: 40,900	Extremely Low	12,140	16,460	20,780	23,500	25,400	27,300	29,150	31,050
	Very Low-Income	16,450	18,800	21,150	23,500	25,400	27,300	29,150	31,050
	Low-Income	26,350	30,100	33,850	37,600	40,650	43,650	46,650	49,650
OKTIBBEHA MFI: 64,000	Extremely Low	12,140	16,460	20,780	25,100	29,420	31,850	34,050	36,250
	Very Low-Income	19,250	22,000	24,750	27,450	29,650	31,850	34,050	36,250
	Low-Income	30,750	35,150	39,550	43,900	47,480	50,950	54,450	57,950
WEBSTER MFI: 49,500	Extremely Low	12,140	16,460	20,780	24,750	26,750	28,750	30,700	32,700
	Very Low-Income	17,350	19,800	22,300	24,750	26,750	28,750	30,700	32,700
	Low-Income	27,750	31,700	35,650	39,600	42,800	45,950	49,150	52,300
WINSTON MFI: 48,800	Extremely Low	12,140	16,460	20,780	23,500	25,400	27,300	29,150	31,050
	Very Low-Income	16,450	18,800	21,150	23,500	25,400	27,300	29,150	31,050
	Low-Income	26,350	30,100	33,850	37,600	40,650	43,650	46,650	49,650

Note: Income limits for families with more than eight persons are not included because of space limitations. For each person in excess of eight, 8 percent of the four person base should be added to the eight person income limit (rounded to the nearest \$50).

AUTHORITY: HUD Notice PDR-2018-02 April 2, 2018.

These 2018 Income Limits supersede the 2017 Income Limits that were effective April March 28, 2016

*Extremely low-income means very low-income families whose incomes do not exceed the higher of:

(i) The poverty guidelines updated periodically by HHS under the authority of section 673(2) of the Community Services Block Grant Act applicable to a family of the size involved or;

(ii) 30 percent of the median family income for the area, as determined by the HHS Secretary with adjustments for smaller and larger families

(except the HHS Secretary may establish income ceilings higher or lower than 30% of the median for the area on the basis of the Secretary's finding that such variations are necessary because of unusually high or low family incomes).

BRIAN D. POWER
Executive Director

Application for Employment

PLEASE PRINT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application ____/____/____

Referral Source Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other _____

Name of source (if applicable) _____

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Telephone # () _____ Mobile/Beeper/Other Phone # () _____ Social Security # _____

If necessary, best time to call you at home is _____ : _____ AM
PM

May we contact you at work? _____ Yes No

If yes, work number and best time to call _____ () _____ : _____ AM
PM

If you are under 18 and it is required, can you furnish a work permit? _____ Yes No

If no, please explain _____

Have you submitted an application here before? _____ Yes No

If yes, give date(s) _____ / ____/____

Have you ever been employed here before? _____ Yes No

If yes, give dates _____ From ____/____/____ To ____/____/____

Are you legally eligible for employment in this country? _____ Yes No

Date available for work _____ / ____/____

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-Op

Will you relocate if job requires it? _____ Yes No Will you travel if job requires it? _____ Yes No

Are you able to meet the attendance requirements of the position? _____ Yes No

Will you work overtime if required? _____ Yes No

If no, please explain _____

Have you ever been bonded? _____ Yes No

Have you been convicted of a crime in the last seven (7) years? _____ Yes No

If yes, please explain _____

CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

Driver's license number if driving is an essential job function _____ State _____

Employment History

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE				
		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING				
		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	
EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE				
		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING				
		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	
EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE				
		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING				
		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	
EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE				
		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING				
		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT

Skills and Qualifications - Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background IF JOB-RELATED

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major field of study. F. Minor field of study (if applicable).

A. SCHOOL	B. YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA CLASS RANK	E. MAJOR	F. MINOR

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	YEARS KNOWN
	()	
	()	
	()	

Additional Information

List professional, trade, business, or civic associations and any offices held.

EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARLY PROTECTED STATUS.

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards, etc.

EXCLUDE INFORMATION WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR OTHER PROTECTED STATUS.

List any additional information you would like us to consider.

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date / /

