

(Insert Contractor Name)

**SECTION 3 APPLICANT FOR EMPLOYMENT AND TRAINING OPPORTUNITIES**

Name: \_\_\_\_\_

Current Legal Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

*Check the box or boxes below applicable to you. Documents to support your status as an eligible Section 3 Worker or Targeted Section 3 Worker may be requested and required if not already available.*

My total individual income for the prior year or annualized year is below 80% of Area Median Income (AMI) [*\$ amount to be inserted by PHA and updated annually*]:

2020 \$ \_\_\_\_\_  2021 \$ \_\_\_\_\_

I reside within the metropolitan or non-metropolitan county where this PHA is located.

I am a resident of public housing

List PHA and project name \_\_\_\_\_

I am a Section 8 Voucher holder

List Section 8 Agency administering your voucher \_\_\_\_\_

I receive other housing assistance

List PHA that manages your housing assistance \_\_\_\_\_

I am a YouthBuild Participant

List YouthBuild Program name, address, telephone number, and contact person: \_\_\_\_\_  
\_\_\_\_\_

*By my signature below, I certify that the information provided on this form is accurate.*

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## SELF-CERTIFICATION AND SKILLS FORM

Graduated High School or GED (month/year):  Yes  No

I Read and Speak English Fluently:  Yes  No

I Read and Speak Languages Other Than English Fluently:  Yes  No

*If Yes, list language(s)* \_\_\_\_\_

Attended a Trade or Technical School:  Yes  No Graduated?  Yes  No

*If Yes, list type Trade or Technical Specialty Studied:* \_\_\_\_\_

Attended College:  Yes  No Graduated?  Yes  No

*If Yes, list degree or completed studies:* \_\_\_\_\_

Check the Skills and/or Trades in which you have been employed or contracted to do work for others:

- |  |   |
|--|---|
| <input type="checkbox"/> Data Entry<br><input type="checkbox"/> Receptionist<br><input type="checkbox"/> Sales<br><input type="checkbox"/> Telephone Customer Service<br><input type="checkbox"/> Administrative<br><input type="checkbox"/> Teaching/Training<br><input type="checkbox"/> Drywall Hanging<br><input type="checkbox"/> Drywall Finishing<br><input type="checkbox"/> Interior Painting<br><input type="checkbox"/> Framing<br><input type="checkbox"/> HVAC<br><input type="checkbox"/> Electrical<br><input type="checkbox"/> Interior Plumbing<br><input type="checkbox"/> Exterior Plumbing<br><input type="checkbox"/> Siding<br><input type="checkbox"/> Cabinet Hanging<br><input type="checkbox"/> Door Replacement | <input type="checkbox"/> Trim/Carpentry<br><input type="checkbox"/> Stucco<br><input type="checkbox"/> Window/Door Replacement<br><input type="checkbox"/> Construction Cleaning<br><input type="checkbox"/> Exterior Framing<br><input type="checkbox"/> Landscaping<br><input type="checkbox"/> CDL License<br><input type="checkbox"/> Roofing<br><input type="checkbox"/> Concrete/Asphalt Work<br><input type="checkbox"/> Heavy Equipment Operator<br><input type="checkbox"/> Fencing<br><input type="checkbox"/> Metal/Steel Work<br><input type="checkbox"/> Welding<br><input type="checkbox"/> Other <i>(list)</i><br><input type="checkbox"/> Other <i>(list)</i><br><input type="checkbox"/> Other <i>(list)</i><br><input type="checkbox"/> Other <i>(list)</i> |
|--|---|

I certify that all of the information given on this Self-Certification and Skills form is true and correct. If found to be inaccurate, I understand that I may be disqualified as an applicant and/or a certified Section 3 individual which may be grounds for termination of training, employment, or contracts that resulted from this certification. I understand that proof of this statement may be requested in the future.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date