

# Paragould Housing Authority

---

612 East Canal Street  
Paragould, AR 72450  
Fax: (870) 236-2475  
Email: [pha1@grnco.net](mailto:pha1@grnco.net)

**David Lange**  
Executive Director

Office Telephone:  
Pecan Grove (870) 239-8084  
Mini-Rise (870) 239-8573  
Section 8 (870) 236-7057

The Paragould Housing Authority (PHA) will be accepting applications for a Project Based Voucher Coordinator Position. Applicants must have experience working with the public and demonstrate knowledge of basic office skills. The starting salary for this position will be based on experience. This is a full-time position with benefits. You must submit your application, along with a resume at the Paragould Housing Authority Administration Office located at 612 E. Canal Street, Paragould, AR or send directly to [pha1@grnco.net](mailto:pha1@grnco.net) or [pha2@grnco.net](mailto:pha2@grnco.net). Applications can be picked up at the PHA office or on the [paragouldhousing.org](http://paragouldhousing.org) web site. All applicants must complete an application for employment and submit a resume for the application to be considered. Applications will be accepted until the job is filled. PHA is an Equal Opportunity Employer.

### Project Based Voucher Coordinator

General Description: The Project Based Voucher Coordinator plans coordinates and implements the Housing Authority PBV program for the Pecan Grove and Mini Rise Development. This will include working with PBV participants regarding their housing assistance, maintaining a good rapore with local agencies and other housing staff.

Under the supervision of the Executive Director, the Project Based Voucher Coordinator will:

1. Required to follow all HUD regulations and PHA's policy governing the Section 8 program and PBV Programs.
2. Maintain all files on the PBV program in accordance to HUD regulations.
3. Responsible for determining final eligibility in accordance with family size and income requirements.
4. Serve as receptionist as needed.
5. Maintain the PBV waiting list and provide eligible candidates to the Pecan Grove and Mini Rise Housing Clerks.
6. Verify all criteria necessary for applications. This includes performing eligibility criteria on all prospective PBV tenants and setting up processing interviews, determine income eligibility.
7. Maintain the waiting list for Choice Mobility.
8. Perform all interim and annual re-exams for PBV living in the Pecan Grove and Mini Rise Development.
9. Perform other clerical duties as assigned.
10. Any other duties as required or necessary for the proper functioning of the program which includes providing all program requirements as needed to maintain the FSS Program for the Section 8 Housing Choice Voucher and PBV Programs. Maintain all files on the Family Self Sufficiency (FSS) Program in accordance to HUD regulations. Conduct quarterly meetings with FSS participants, provide training for FSS participants, provide monthly workshops, conduct fund raisers, and also serves as liaison with providers of self-sufficiency services such as employment, child care, transportation, job training, educational opportunities, substance and chemical abuse, etc. Keep financial records regarding escrow balances and all other necessary duties to maintain the FSS program.

#### Qualifications:

Knowledge of public and private services and agencies that provide social services to low income groups, able to speak to small groups, ability to interpret program rules and regulations and capable of communicating orally and in writing successfully. Must have excellent computer skills, organizational skills, and able to conduct themselves in a professional manner at all times. Works well with other co-workers and program participants. Applicant may need to work some nights and weekends to attend workshops and training.

Applicant's Signature & Date \_\_\_\_\_

# Paragould Housing Authority

---

612 East Canal Street  
Paragould, AR 72450  
Fax: (870) 236-2475  
Email: pha1@grnco.net

**David Lange**  
Executive Director

Office Telephone:  
Pecan Grove (870) 239-8084  
Mini-Rise (870) 239-8573  
Section 8 (870) 236-7057  
TDDY 1-800-285-1121

## NEPOTISM

The Paragould Housing Authority will practice the policy of Nepotism as follows: PHA will not hire the spouse, mother, father, sister, brother, daughter, son, aunt, uncle, niece, nephew, cousin, or any step-relation of any current employee or board member. Should two employees marry while employed, one must leave, and if they cannot jointly decide, then the one with the least years of service must leave.

## PARAGOULD HOUSING AUTHORITY APPLICATION FOR EMPLOYMENT

Our policy is to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, religion, national origin, disability status or other legally protected issues. If you are a person with a disability and need accommodations in the application process, please notify the Executive Director.

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Other last names used while employed, if any \_\_\_\_\_

Home Address \_\_\_\_\_

Previous Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Phone number—Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_ Message \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_ Telephone # \_\_\_\_\_

Position applying for \_\_\_\_\_ Are you 18 yrs old or older? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you presently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No May we contact your present employer for reference? \_\_\_\_\_ Yes \_\_\_\_\_ No

Why do you want to change employers? \_\_\_\_\_

Have you previously been employed by the Paragould Housing Authority? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, date employed From: \_\_\_\_\_ To: \_\_\_\_\_ Position held: \_\_\_\_\_

List anyone you know employed by the Paragould Housing Authority. (Please note nepotism policy attached)

Who? First/Last Name	Position	Relationship

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses which have been annulled, expunged, or sealed by a court? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are there any felony charges presently pending against you? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered yes to either of the above questions, describe: \_\_\_\_\_

Note: Conviction or felony charges will not necessarily disqualify an applicant.

If you are hired, can you produce evidence of U.S. citizenship or legal work status within three (3) days? \_\_\_\_\_ Yes \_\_\_\_\_ No

Specialized Skills (Skills/Equipment or Machines you operate) Please indicate where and how your experience was obtained.

Computers \_\_\_\_\_ Clerical \_\_\_\_\_ Bookkeeping \_\_\_\_\_

Typing \_\_\_\_\_ Management \_\_\_\_\_ Public Relations \_\_\_\_\_

Emergency Driving \_\_\_\_\_ Plumbing \_\_\_\_\_ Carpentry \_\_\_\_\_

Painting \_\_\_\_\_ Electrical \_\_\_\_\_ Chainsaw \_\_\_\_\_

HVAC \_\_\_\_\_ Building Maintenance \_\_\_\_\_ Lawn Equipment \_\_\_\_\_

Minor Equipment Maintenance \_\_\_\_\_ Small Power Equipment \_\_\_\_\_ Custodial Experience \_\_\_\_\_

Please list all other experience

---

---

References (List three—Do not list relatives)

Name	Address	Phone	Occupation

Education:

Did you graduate from high school? \_\_\_\_\_ Yes \_\_\_\_\_ No/ If no, GED? \_\_\_\_\_ Last grade completed \_\_\_\_\_

Name and address of high school attended of GED certification from \_\_\_\_\_

Provide name and educational records are under \_\_\_\_\_

College, University Trade, Business Correspondence School	Major Areas of Study	Semester Hours	Degrees Granted

Describe any specialized training, apprenticeship, and skills.

---

---

Describe any job-related training received in the United States Military.

---

---

Please indicate any additional experience and training you have had which, in your opinion, would qualify you for the position you see. (List seminars attended and attach copies of certificates)

---

---

List all licenses you hold: (Drivers, First Aid, CPR, EMT, etc.)

Type \_\_\_\_\_ Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Type \_\_\_\_\_ Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Can you perform the duties of the job for which you are applying with or without a reasonable accommodation?  
(Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE REVIEWED THE JOB DESCRIPTION OF THE JOB FOR WHICH YOU ARE APPLYING) \_\_\_\_\_ Yes \_\_\_\_\_ No

Previous Employment: List all employment (including military service) for at least the past ten (10) years. Begin with your most recent and work back. Include explanation of any gaps in employment. Attach additional sheets or resume' to provide sufficient qualifying experience data.

\_\_\_\_\_

Firm Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Employed From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_

Primary Responsibilities \_\_\_\_\_ Hourly Rate/Salary\$ \_\_\_\_\_

Name of Direct Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name of Co-Worker \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Co-Worker \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_

Firm Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Employed From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_

Primary Responsibilities \_\_\_\_\_ Hourly Rate/Salary\$ \_\_\_\_\_

Name of Direct Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name of Co-Worker \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Co-Worker \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_

Firm Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Employed From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_

Primary Responsibilities \_\_\_\_\_ Hourly Rate/Salary\$ \_\_\_\_\_

Name of Direct Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name of Co-Worker \_\_\_\_\_ Telephone \_\_\_\_\_  
Name of Co-Worker \_\_\_\_\_ Telephone \_\_\_\_\_

Firm Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Employed From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_

Primary Responsibilities \_\_\_\_\_ Hourly Rate/Salary\$ \_\_\_\_\_

Name of Direct Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name of Co-Worker \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Co-Worker \_\_\_\_\_ Telephone \_\_\_\_\_

Firm Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Employed From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_

Primary Responsibilities \_\_\_\_\_ Hourly Rate/Salary\$ \_\_\_\_\_

Name of Direct Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name of Co-Worker \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Co-Worker \_\_\_\_\_ Telephone \_\_\_\_\_

Firm Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Employed From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_

Primary Responsibilities \_\_\_\_\_ Hourly Rate/Salary\$ \_\_\_\_\_

Name of Direct Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name of Co-Worker \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Co-Worker \_\_\_\_\_ Telephone \_\_\_\_\_

Have you ever had either your personal or commercial motor vehicle license, permits, or privilege denied, revoked or suspended? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, complete below:

Denied	Revoked	Suspended	Type of License	Date	State	For how long	Reason
--------	---------	-----------	-----------------	------	-------	--------------	--------

Have you been convicted or forfeited bond or collateral for violation of motor vehicle laws or ordinances (other than parking) during the past four (4) years from the date of this application? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, list those violations below:

Date	Nature of Violation	State	Penalty	Points
------	---------------------	-------	---------	--------

I understand that this application is not intended to create any contractual or other legal rights. It does not alter the at-will-employment status, nor does it create an employment contract for any specific period of time.

I certify that I have made no willful misrepresentations in this application nor have I withheld information in my statements and answers to questions. I am aware that the information given by me in my application will be investigated with my full permission, that any misrepresentations may cause my application to be rejected or my employment terminated, and I may be disqualified from applying for future employment with the Paragould Housing Authority. I understand that should I be selected for employment with the Paragould Housing Authority that I am required to abide by all rules and regulations of the Paragould Housing Authority. The rules and regulations of the Paragould Housing Authority may change at any time.

I understand that this appointment will be at the discretion of the department head concerned subject to the approval of the Executive Director and that this application is the property of the Paragould Housing Authority and will become a part of my file if I am accepted for employment.

I understand that my application for employment, once submitted to the Paragould Housing Authority, is subject to disclosure as a public record under the Arkansas Freedom of Information Act upon request by a citizen of the State of Arkansas.

If I am accepted for employment, I understand and agree that my employment is at-will only and for no term of definite duration. I also understand and agree that either myself or the Paragould Housing Authority may terminate the employment relationship at any time.

I further understand that the PHA may require a medical examination by a PHA-designated physician (1) after I have received an offer of employment and prior to my commencement of employment duties; and (2) during the course of my employment as required by business necessity and for job related purposes. I hereby consent to such examinations and recognize that employment is contingent upon receipt of a satisfactory medical evaluation. I further understand and agree that prior to commencing employment or after I am employed, I may be requested to submit to tests to determine the presence of alcohol or illegal drugs and agree to the release of such test results to appropriate PHA personnel and agree that if I refuse and/or fail such tests after being employed, my employment will be terminated.

I agree to refrain from smoking in all designated no-smoking areas. I agree that I will not disclose or authorize disclosure during or after my employment of confidential information (such as Social Security numbers, income, or other sensitive information, etc.) related to the PHA and its applicants/tenants.

I understand that if I am disabled and need accommodation, I must notify the PHA in writing of the need for accommodation within a reasonable amount of time after the date I knew or reasonably should have known the need for accommodation. I further understand that failure to timely notify the PHA of a need for accommodation may result in the loss of legal rights.

I have read, understand and agree to the above statements and conditions of employment.

Print Name \_\_\_\_\_ Signature of Applicant \_\_\_\_\_  
 Date \_\_\_\_\_



WAIVER AND RELEASE OF ALL CLAIMS AND OF RIGHT TO INSPECT  
EMPLOYMENT BACKGROUND INVESTIGATION

TO WHOM IT MAY CONCERN:

I am an applicant for a position with the Paragould Housing Authority. The Paragould Housing Authority needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the Paragould Housing Authority.

I hereby authorize the PHA or its authorized representative to check any of my information including but not limited to: criminal history, credit standing, and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release to the PHA or its authorized representative any and all employment records and other information about my employment or background. I hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I understand that the information will be used for the purpose of evaluating my application for employment with the PHA.

For and in consideration of the Paragould Housing Authority's acceptance and processing of my application for employment, I agree to hold the Paragould Housing Authority, and its authorized representatives, harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Paragould Housing Authority. I understand that should information of a serious criminal nature surfaces as a result of this investigation such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records and I waive those rights with the understanding the information furnished will be used by the Paragould Housing Authority in conjunction with employment procedures.

Understanding that complete candor on the part of those from whom information is sought is ensured only by maintaining the confidentiality or a complete background investigation. I do hereby waive, release and forever relinquish any right I might otherwise have pursuant to the Arkansas Freedom of Information Act, the Federal Freedom of Information Act, or any other present or future laws granting me a right to inspect the information and records collected as a part of the background investigation. If any portion of this release and waiver is held to be invalid, the balance shall, notwithstanding, continue in full legal force and effect. My spouse (if any), heirs, and legal representative, and any and all successors and assigns, are bound by the terms of this Waiver and Release of All Claims. Further, in consideration of my application for employment, I hereby waive any and all statutory written notice for the release of disciplinary reports, letters of reprimand, or other disciplinary actions.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy of FAX copy does not contain an original writing of my signature.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

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

Printed Name of Applicant: \_\_\_\_\_

EMPLOYMENT REFERENCE CONSENT AND RELEASE

APPLICANT NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

I, \_\_\_\_\_, HEREBY GIVE CONSENT TO ANY AND ALL PRIOR EMPLOYERS OF MINE, OR MY CURRENT EMPLOYER, TO PROVIDE THE INFORMATION BELOW WITH REGARD TO MY EMPLOYMENT WITH THE PRIOR OR CURRENT EMPLOYERS TO THE PARAGOULD HOUSING AUTHORITY.

This consent is valid for a period of six (6) months from the date indicated below. A copy of this form shall serve as an original.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

DO NOT FILL OUT BELOW THIS LINE

Instructions to Current or Former Employer

The individual named above has applied for employment with the Paragould Housing Authority. Please respond candidly to the requests for information listed below and return your written response via either FAX or U.S. Mail. This consent and release is intended to comply with Arkansas Act 1974 or 1999, an Act to provide current and former employees to prospective employers.

PLEASE RETURN THE INFORMATION TO: Executive Director/Paragould Housing Authority  
612 E. Canal Street  
Paragould, AR 72450  
Phone: (870)239-8084 Fax: (870)236-2475

Date and duration of employment: \_\_\_\_\_

Current or last rate of pay and wage history: \_\_\_\_\_

Current or last job description and duties: \_\_\_\_\_

The details of the applicant's last written performance evaluation prepared prior to the date and applicant signed this consent (See date above): \_\_\_\_\_

Attendance History: (Excluding any qualifying leave under FMLA) \_\_\_\_\_

Results of drug and/or alcohol tests administered within the last year: \_\_\_\_\_

Details of any threats of violence, harassing acts, or threatening behavior related in any way to the workplace or directed toward another employee: \_\_\_\_\_

Was his/her separation from employment \_\_\_\_\_ voluntary \_\_\_\_\_ involuntary?

What was the reason for the applications' separation from employment? \_\_\_\_\_

Is the applicant eligible for rehire? \_\_\_\_\_ Yes \_\_\_\_\_ No

Printed Name and Title of Employer Representative providing information: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone Number \_\_\_\_\_