



Springfield Housing Authority

200 North Eleventh Street
Springfield, IL 62703

Section 3 Program

The Springfield Housing Authority is working diligently to identify residents able and willing to work within its agency contracts through the Section 3 requirements as established by HUD. Section 3 of the Housing and Urban Development Act of 1968 requires certain HUD-funded projects to meet specific goals for contracting, hiring and training residents and/or low income community members to work on these projects. Please complete the information below to assist us in matching you with employment and/or training opportunities as they may be available.

Name _____ E-mail * _____
 Address _____ Phone _____
 City, State, _____
 zip code _____

Housing Program (Please check your assistance)

- Public Housing* *Section 8/HCV Voucher*

Work Skills (Please check all areas in which you have work experience)

Construction

- | | |
|--|--|
| <input type="checkbox"/> <i>General Construction/Framing/Carpentry</i> | <input type="checkbox"/> <i>Painting & Drywall</i> |
| <input type="checkbox"/> <i>Electrical</i> | <input type="checkbox"/> <i>Paving/Roadways</i> |
| <input type="checkbox"/> <i>Heating & Plumbing</i> | <input type="checkbox"/> <i>Landscaping</i> |
| | <input type="checkbox"/> <i>General Labor</i> |

Administrative/Management

- Accounting*
 Payroll
 Research
 Purchasing
 Word Processing
 Other _____

Services

- Carpet/Flooring Installation*
 Janitorial
 Lawn Care/Snow Removal
 Other _____

Education (Please check education & training you have received)

- | | |
|--|---|
| <input type="checkbox"/> <i>Youthbuild</i> | <input type="checkbox"/> <i>Associate degree</i> |
| <input type="checkbox"/> <i>High school/GED</i> | <input type="checkbox"/> <i>Bachelor Degree</i> |
| <input type="checkbox"/> <i>Some college</i> | <input type="checkbox"/> <i>Master Degree</i> |
| <input type="checkbox"/> <i>Certificate/Special Training</i> | <input type="checkbox"/> <i>Professional degree</i> |
| | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> <i>Doctorate degree</i> |

Are you a business owner or self employed? Yes No If yes, type of Business _____

Are you interested in education/training programs and/or business development assistance? Yes No

If yes, what type(s) _____

Are you a participant in the Family Self Sufficiency Program? Yes No

Additional Comments (Please provide any additional information that may help us match you with employment or training opportunities) _____

Thank you for your interest in the SHA's Section 3 program. Once you respond the SHA will keep your name and information on file and will provide to contractors as they begin work with the SHA. If you have question, please call our Section 3 Coordinator at (217) 753-5757 ext. 311. (*Required information)