



COUNTY OF DELAWARE

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

Name

Social Security Number

(Last)

(First)

(M.I.)

Address

Telephone Number

(City)

(State)

(Zip)

Position Desired

May we contact your last employer?

Yes _____ No _____

Minimum Salary Expected

\$ _____

Date of Birth if under 18 years of age _____

Are you a High School Graduate/equivalent? Yes _____ No _____

Schools Attended

Name

Location

No. Yrs.

Diploma or Type of degree

High School

College

Graduate School

Other

List any special skills _____

Can you perform the essential functions of the position that you are applying for with or without reasonable accommodations? _____

Have you ever been employed by the County of Delaware?

Yes _____ No _____ When _____ Where _____

Person to be notified

in case of emergency:

(Name)

(Address)

(Phone No.)

Have you ever been convicted of a Felony? _____

Conviction will not automatically exclude you from being hired but it is considered on an individual basis.

Please list persons we may contact who know your qualifications (excluding relatives).

Name

Address

Phone

Name

Address

Phone

Name

Address

Phone

PREVIOUS EMPLOYMENT RECORD

(List your last employer first)

Employer's Name _____ Employer's Address _____

Starting Date _____ Leaving Date _____ Reason for Leaving _____

Job Title _____ Starting Rate _____ Leaving Rate _____ Name of Supervisor _____

Description of Duties _____

Employer's Name _____ Employer's Address _____

Starting Date _____ Leaving Date _____ Reason for Leaving _____

Job Title _____ Starting Rate _____ Leaving Rate _____ Name of Supervisor _____

Description of Duties _____

Employer's Name _____ Employer's Address _____

Starting Date _____ Leaving Date _____ Reason for Leaving _____

Job Title _____ Starting Rate _____ Leaving Rate _____ Name of Supervisor _____

Description of Duties _____

Explain any gaps in employment _____

I understand that if employed, the County of Delaware does not guarantee that such employment will last any definite length of time. I certify that all statements herein are made truthfully and without evasion and further agree that such statements may be investigated and if found to be false will be sufficient reason for dismissal, and do further agree, if employed, to abide by the rules and policies of the County of Delaware.

Date _____

Applicant's Signature _____

This application will remain active for one year. If you wish to be considered for employment after this period, you must reapply.

Interview remarks _____