

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

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**PREVIOUS EMPLOYMENT RECORD**

(List your last employer first)

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Employer's Name

Employer's Address

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Starting Date

Leaving Date

Reason for Leaving

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Job Title

Starting Rate

Leaving Rate

Name of Supervisor

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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

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Description of Duties

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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.

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Date

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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.

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Interview remarks \_\_\_\_\_

REVISED 08/19/2016