



COUNTY OF DELAWARE
 GOVERNMENT CENTER BUILDING
 201 WEST FRONT STREET
 MEDIA, PENNSYLVANIA 19063

(610) 891-4852

COUNCIL
BRIAN P. ZIDEK
 CHAIR
DR. MONICA TAYLOR
 VICE CHAIR

KEVIN M. MADDEN
ELAINE PAUL SCHAEFER
CHRISTINE REUTHER

PERSONAL INFORMATION

FULL NAME: _____ **DATE:** _____
 First Middle Last

ADDRESS: _____
 Street Address Apt/Suite

 City State Zip Code

E-MAIL: _____ **PHONE:** _____

SALARY EXPECTATIONS: \$ _____ HOUR SALARY

POSITION APPLIED FOR: _____

EMPLOYMENT DESIRED: FULL-TIME PART-TIME SEASONAL INTERN

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? YES NO
HAVE YOU EVER WORKED FOR THE COUNTY? YES NO
HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES* NO *IF YES, PLEASE EXPLAIN:

ARE YOU FLUENT IN ANOTHER LANGUAGE? YES* NO *IF YES, PLEASE EXPLAIN:

EDUCATION

HIGH SCHOOL: _____
 GRADUATE? YES NO
COLLEGE: _____
 GRADUATE? YES NO MAJOR: _____
OTHER: _____
 DEGREE/CERTIFICATION: _____

PREVIOUS EMPLOYMENT

EMPLOYER 1: _____
 Company / Individual City, State
STARTING PAY: \$ _____ HOUR SALARY **ENDING PAY:** \$ _____ HOUR SALARY
JOB TITLE: _____ **RESPONSIBILITIES:** _____
REASON FOR LEAVING: _____

EMPLOYER 2: _____
Company / Individual City, State

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

EMPLOYER 3: _____
Company / Individual City, State

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

REFERENCES
(PROFESSIONAL ONLY)

FULL NAME: _____ **RELATIONSHIP:** _____
First Last
E-MAIL: _____ PHONE: _____

FULL NAME: _____ **RELATIONSHIP:** _____
First Last
E-MAIL: _____ PHONE: _____

FULL NAME: _____ **RELATIONSHIP:** _____
First Last
E-MAIL: _____ PHONE: _____

The County of Delaware is an equal opportunity employer. The County of Delaware does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the County of Delaware to hire me. If I am hired, I understand that either the County of Delaware or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of the County of Delaware has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to the County of Delaware true and complete information on this application. No requested information has been concealed. I authorize the County of Delaware to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature: _____ **Date:** _____