

Town of Delmar

100 S. Pennsylvania Avenue
Delmar, DE/MD 21875

The Little Town Too Big For One State



APPLICATION FOR EMPLOYMENT

We appreciate your interest in employment with the Town of Delmar and assure you that we are interested in your qualifications. The information requested in this application will aid us in evaluating your qualifications. Qualified applicants are considered without regard to race, color, religion, gender, sexual orientation, national origin, age, marital or veteran status, or presence of a medical condition or disability. A pre-employment physical and drug screening is required prior to employment.

PLEASE PRINT CLEARLY OR TYPE

Date of Application: _____

Name: _____
Last First Middle Social Security #

Address: _____
Street City State Zip

Preferred Phone: _____ Other Phone: _____

Drivers License #: _____ Type of Drivers License: _____ State: _____

Have you received any moving traffic violations within the last 3 years? (if yes, explain) _____

Do you authorize the Town of Delmar to obtain and review your Motor Vehicle Records? Yes _____ No _____

Person to notify in case of an emergency: _____ Phone: _____

Relationship: _____ Address: _____

Have you previously worked for the Town of Delmar? Yes _____ No _____ Dates: From _____ To _____

Under what name: _____ Department: _____

Position(s) Applied For: _____ Department: _____ Salary Desired: _____
(The designation of a specific position will not exclude you from being considered for any other position for which you are qualified.)

Do you have any relatives currently employed with the Town of Delmar? Yes _____ No _____

If yes, name of relative: _____ Relationship: _____

Have you ever been convicted of a felony crime? _____ If yes, provide dates and details: _____

Are you legally eligible for employment in the United States of America? _____ (Proof of citizenship or immigration status may be required)

Have you filed an application with us before? _____ If yes, provide date: _____

Are you available to work: _____ Full Time _____ Part Time _____ Shift _____ Temporary _____ Overtime

What date would you be available to start working? _____

Are you currently employed? _____ Are you currently "laid-off" and subject to recall? _____

How did you hear about this position? _____

Can you travel if the job requires it? _____

EDUCATION / TRAINING

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Post Graduate 5 6 7 8

	Name & Location	Diploma or Degree	Major Subject	Minor Subject
High School				
College or University				
Nursing, Trade, or Technical				
Post Graduate				

Special Training / Certification / License: _____

Indicate any foreign languages you speak, read and/or write:			
	Fluent	Good	Fair
SPEAK			
READ			
WRITE			

MILITARY

in the U. S. Armed Forces? _____ If yes, which branch? _____
 Date entered _____ Date discharged _____
 Final Rank _____ Reserve Status _____

List any professional, trade, business or civic activities and offices held that you feel adds to your qualifications:

You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status

Please list any special skills and / or qualifications acquired from employment or other experience:

Please check the equipment that you have some experience using: _____ PC _____ Fax Machine

_____ Adding Machine _____ Copier _____ Typewriter _____ Postage Meter

Other, please explain _____

EMPLOYMENT HISTORY

Please list all jobs you have held in the last ten years starting with the most recent

A resume may be attached as a supplement to, but not in lieu of, this section.

Employer	From	To	Type of Work	Beginning Rate	Ending Rate	Name of Supervisor
Name and Phone Number:						
Address:						
Reason for leaving:						

Employer	From	To	Type of Work	Beginning Rate	Ending Rate	Name of Supervisor
Name and Phone Number:						
Address:						
Reason for leaving:						

Employer	From	To	Type of Work	Beginning Rate	Ending Rate	Name of Supervisor
Name and Phone Number:						
Address:						
Reason for leaving:						

Employer	From	To	Type of Work	Beginning Rate	Ending Rate	Name of Supervisor
Name and Phone Number:						
Address:						
Reason for leaving:						

May we contact the employers listed above? _____ If not, indicate which one(s) you do not wish us to contact and state reason.

PERSONAL REFERENCES

(Not former employers, employees, or relatives)

Name	Address	Phone Number

Please Read and Sign Below:

I certify that the above information is correct and complete to the best of my knowledge and belief. To determine my qualifications for employment, I authorize the Town of Delmar to verify any of the information I have submitted in this application and to request information from previous employers as noted and from personal references herein provided. I understand that any false or misleading information furnished by me on the application form or in connection with my application for employment or omission of material fact may result in rejection of the application, or if employed by the Town of Delmar, in the termination of employment.

I understand that I or the Town of Delmar may terminate my employment at any time without any reason and that nothing in this application or in the granting of interviews creates a contract of employment or for providing any benefit.

Signature of Applicant

Date

FOR OFFICE USE ONLY

Arrange Interview ____ Yes ____ No

Remarks _____

Pre-employment Physical and Drug Screen _____ Satisfactory _____ Unsatisfactory

Employed ____ Yes ____ No Date of Employment _____

Job Title _____ Hourly Rate _____ Department _____

By _____
Name and Title Date

NOTES: _____
