

EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or other legally protected status.

(Please Print)

Date _____ Social Security Number _____

Name _____
Last First Middle

Address _____
Street City State Zip Phone No.

Position(s) Applied For	Date You Can Start	Shift Desired (Day or Night)	Pay Desired
_____	_____	_____	_____

Ever apply to this Town before? If so, When? _____

Name and Address of School	Course of Study	Years Completed	Diploma Degree
_____	_____	_____	_____

Elementary

School

High School

College

Other

(Specify)

Describe any specialized training.

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever been employed with us before? Yes No
If yes, give date: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from being lawfully employed in this country because of Visa or Immigration status? Yes No

Proof of Citizenship or immigration status will be required upon employment.

Have you ever been convicted of a felony? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain. _____

Driver's License # _____ State _____
How many points do you currently have against your driving record? _____
Have you ever been refused auto insurance? Yes No

List below last four employers, starting with last one first.

Date, Month, Year	Name, Address & Phone # of Employer	Pay	Position	Reason for Leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List below three persons as references whom you have known for at least one year.

<u>Name</u>	<u>Phone Number</u>	<u>Business</u>	<u>Years Acquainted</u>

State any additional information you feel may be helpful to us in considering your application. _____

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? Yes No

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized officer of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of the Applicant

Date

THIS PAGE FOR COMPANY USE ONLY

FOR HIRING AUTHORITY USE ONLY

Position(s) Applied For is Open: Yes No

Arrange Interview: Yes No

Position(s) Considered For: _____

Notes: _____

FOR PERSONNEL DEPARTMENT USE ONLY

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____

Approved: 1. _____ 2. _____
Department

NOTES: _____

INFORMATION AUTHORIZATION
REQUIRED INFORMATION SUPPLEMENT

TO WHOM IT MAY CONCERN:

You are hereby authorized to furnish to the Town of Selbyville, P.O. Box 106, Selbyville, DE 19975, any information requested, including the provision of true and correct copies of any document(s), including but not limited to all personnel files, and internal records as well as medical files. Internal records should include any substantiated, unsubstantiated or unfounded charges and/or investigations.

DATE

SIGNATURE

REQUIRED INFORMATION SUPPLEMENT

IMPORTANT: PLEASE READ ENTIRE DOCUMENT BEFORE COMPLETING.

Employment may be refused to any individual who is subject to a pending criminal charge, has been convicted of a felony, misdemeanor or other offense, any pending or prior charges related to the applicant’s existing or prior jobs, or is not bondable (where bondability is required), if the circumstances of the pending charge or conviction substantially relate to the circumstances of the particular job.

Information provided on this form will be evaluated by the Town of a case-by-case basis and will only be shared with the appointing authority when it is determined that the circumstances of a pending charge or conviction substantially relate to the circumstances of the particular job. Upon request, you may discuss any circumstance confidentially with the Town Administrator.

Any false information or omission on this form will disqualify you from further consideration for employment, and will be grounds for dismissal, if discovered at a later date.

I agree to immediately notify the Town of any changes in this information while my job application is pending.

NAME: _____ SOCIAL SECURITY# _____

POSITION APPLYING FOR: _____

Have you ever been convicted of a felony, misdemeanor or other violation of law (other than a minor traffic violation) (for applicants for the police department, including minor traffic violations)? Yes No

Are you subject to any pending charges at this time? Yes No

If you answered “yes” to either of the above questions, please complete the chart below:

<u>Charge</u>	<u>Nature of Offense</u>	<u>Date</u>	<u>City/State</u>	<u>Disposition of case</u>

APPLICANT’S SIGNATURE: _____ DATE: _____
Employmentapplication