

Town of South Bethany
402 Evergreen Road
South Bethany, DE 19930
Phone: (302) 539-3653 Fax: (302) 539-7576

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Date _____				
Name _____				
Last	First	Middle	Maiden	
Present Address _____				
Number	Street	City	State	Zip
Telephone Number(s) _____ Social Security No. _____ - _____ - _____				

Best time to contact you at home is: _____:____ a.m./p.m.

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

Have you ever filed an application with us before? _____ Yes _____ No
If yes, give date _____

Do any of your friends or relatives, other than spouse, work here? _____ Yes _____ No
If yes, state name, relationship and location _____

Position applied for _____	Date Available for Work _____ / _____ / _____
Employment desired: _____ Full Time _____ Part Time Only _____ Full or Part-Time	
What is your desired salary range ? _____	
Are you currently employed? _____ Yes _____ No	
May we contact your present employer? _____ Yes _____ No	
Are you currently on "lay-off" status and subject to recall? _____ Yes _____ No	

Do you have a Driver's License? _____ Yes _____ No

Have you ever been convicted of a crime? _____ Yes _____ No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

EDUCATION

Type of School	Name of School	Location (Complete mailing address)	Course of Study	Diploma/Degree
High School				
College				
Business Or Trade School				
Graduate/Professional School				
Other				

Have you ever been in the Armed Forces? _____ Yes _____ No

Are you now a member of the National Guard? _____ Yes _____ No

Specialty _____ Date Entered _____ Discharge Date _____ Type of Discharge _____

WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. Attach additional sheets if necessary.

WORK EXPERIENCE

Name of Employer	Name of Last Supervisor	Employment Dates	Pay or Salary
Address City, State, Zip Code Phone Number		From:	Start
		To:	Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, Skills used or learned, advancements or promotions while you worked at this company.			
May we contact _____ Yes _____ No			

Name of Employer	Name of Last Supervisor	Employment Dates	Pay or Salary
Address City, State, Zip Code Phone Number		From:	Start
		To:	Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, Skills used or learned, advancements or promotions while you worked at this company.			
May we contact ___Yes ___No			

Name of Employer	Name of Last Supervisor	Employment Dates	Pay or Salary
Address City, State, Zip Code Phone Number		From:	Start
		To:	Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, Skills used or learned, advancements or promotions while you worked at this company.			
May we contact ___Yes ___No			

SPECIALIZED/PROFESSIONAL EXPERIENCE

Describe any specialized training, apprenticeship, skills and extra-curricular activities. _____

List professional, trade, business or civic activities and offices held. _____

SPECIALIZED SKILLS (Skills/Equipment Operated)

_____ Terminal	_____ Spreadsheet	_____ PC/MAC	_____ Word Processing
_____ Typing	_____ Shorthand	_____ Spreadsheet	Other (list)
_____ WPM	_____ WPM		_____

ADDITIONAL INFORMATION

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? A review of the activities involved in such a job or occupation has been given.
 _____ Yes _____ No

PERSONAL/PROFESSIONAL REFERENCES - Do not include family members or past supervisors

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice.

Signature of Applicant

Date

DO NOT WRITE BELOW THIS LINE

REMARKS: _____

