

COUNTY OF DELAWARE



AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

Name (Last, First, Middle) Social Security Number

Address (Street, City, State, Zip) Telephone Number

Position Desired May we contact your last employer?? Yes No

Minimum Salary Expected \$ Per

Date of Birth if under 18 years of age

Are you a High School graduate/equivalent? Yes No

SCHOOLS ATTENDED

Table with 5 columns: CIRCLE HIGHEST, NAME, LOCATION, NO. YRS', DIPLOMA OR TYPE OF DEGREE. Rows include High School, College, Graduate School, and Other.

List any special skills

Are there any disabilities which you have which will preclude you from performing the essential functions of the position that you are applying for with or without reasonable accommodations?

Have you ever been employed by Delaware County? Yes No When Where

Person to be notified in case of emergency (Name, Address, Phone)

Have you ever been convicted of a Felony?

Conviction will not automatically exclude you from being hired but is considered on an individual basis.

Table with 3 columns: Name, Address, Phone. Header: Please list persons whom we may contact who know your qualifications (excluding relatives)

PREVIOUS EMPLOYMENT RECORD

(List your last employer first)

Employers Name Employer's Address

Starting Date \ Leaving Date \ Reason for leaving

Job Title \ Starting Rate \ Leaving Rate \ Name of Supervisor

Description of Duties

Employers Name Employer's Address

Starting Date \ Leaving Date \ Reason for leaving

Job Title \ Starting Rate \ Leaving Rate \ Name of Supervisor

Description of Duties

Employers Name Employer's Address

Starting Date \ Leaving Date \ Reason for leaving

Job Title \ Starting Rate \ Leaving Rate \ Name of Supervisor

Description of Duties

Explain any gaps in employment _____

I understand that if employed, Delaware County does not guarantee that such employment will last any definite length of time. I certify that all statement 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 my dismissal, and do further agree, if employed, to abide by the rules and policies of Delaware County.

_____ Date

_____ 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.
Interview Remarks _____