



Town of Millville

Millville, DE 19967

Phone: (302) 539-0449 Fax: (302) 539-0879

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

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.

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	Your last job title	From:	Start
		To:	Final
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 <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Employer	Name of Last Supervisor	Employment Dates	Pay or Salary
Address City, State, Zip Code Phone Number	Your last job title	From:	Start
		To:	Final
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)

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: _____
