



## Town of Millville

Millville, DE 19967

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

### APPLICATION FOR EMPLOYMENT

#### PERSONAL INFORMATION

Date	<input type="text"/>				
Name	<input type="text"/>				
	Last	First	Middle	Maiden	
Present Address	<input type="text"/>				
	Number	Street	City	State	Zip
Telephone Number(s)	<input type="text"/>	Social Security No.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Best time to contact you at home is:

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
<input type="text"/>			
Address City, State, Zip Code Phone Number	<input type="text"/> <input type="text"/>	From: <input type="text"/> To: <input type="text"/>	Start <input type="text"/> Final <input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/>	Your last job title <input type="text"/>		
Reason for leaving (be specific) <input type="text"/> <input type="text"/>			

List the jobs you held, duties performed, skill 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.

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

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**SPECIALIZED SKILLS (Skills/Equipment Operated)**

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**ADDITIONAL INFORMATION**

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

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**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**

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**DO NOT WRITE BELOW THIS LINE**

**REMARKS:** \_\_\_\_\_  
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