

**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) _____ Last four (4) digits of your Social Security No. _____				

The 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	
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.

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**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
Address City, State, Zip Code Phone Number		From:
		To:
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
Address City, State, Zip Code Phone Number		From:
		To:
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 <input type="checkbox"/> Yes <input type="checkbox"/> No		

Name of Employer	Name of Last Supervisor	Employment Dates
Address City, State, Zip Code Phone Number		From:
		To:
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 <input type="checkbox"/> Yes <input type="checkbox"/> 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 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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