

# APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital, or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied for:	Date:
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How did you learn about us?				
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In		
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other		

Last Name	First Name	Middle Name
Address	Street	City
		State
		Zip Code
Telephone Number(s)		Social Security Number

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 a date: \_\_\_\_\_

Have you ever been employed with us before?  Yes  No  
 If yes, give a date: \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? \_\_\_\_\_

What are you available to work?  Full Time  Part Time  Shift Work  Temp

Please Note Your Availability:

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

Are you currently on lay-off status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No  
*Conviction will not necessarily disqualify an applicant from employment.*

If Yes, please explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Employment Experience

Start with your present or most recent job. Include any job-related military service or assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap, or other protected status.

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for leaving				
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for leaving				
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for leaving				

If you need additional space, please continue on a separate sheet of paper.

### Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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Are you 21 years or older and eligible to serve alcohol in the state of Delaware?  Yes  No

# Education

	Elementary School	High School	Undergraduate College/University	Graduate/Professional
School Name and Location				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Course of Study				
Describe any specialized training, apprenticeship, skills, and extra-curricular activities				
Describe any honors you have received				
State any additional information you feel may be helpful to us in considering your application				

Indicate any foreign languages you can speak, read, and/or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business, or civic activities and offices held.  
You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap, or other protected status

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# References

Give names, addresses, and telephone numbers of three references who are not related to you.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Have you ever had any job-related training in the U.S. Military?  Yes  No

If yes, please describe \_\_\_\_\_

Are you physically or otherwise unable to perform the duties of the job for which you are applying?  Yes  No

# Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.  
I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.  
This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.  
I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.  
In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview?     Yes     No

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employed?     Yes     No

Date of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_

Hourly Rate/Salary: \_\_\_\_\_

Department: \_\_\_\_\_

By: \_\_\_\_\_

Name and Title

Date