## **Application For Employment**

## The Town of Laurel 201 Mechanic St, Laurel, DE 19956

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)

			Date of	of Application:					
Position(s) Applied	1 For:								
Referral Source:						_Walk-In			
Name:									
	Las	t		First		Middle			
Address:	Number	Street		City	State	Zip Code			
Telephone:		Soc	ial Securi	ty Num	ber:				
If employed and yo	ou are under 1	18, can you furr	nish a wo	k perm	it?	_YesNo			
Have you filed an	application he	ere before?	_Yes _	_No	If yes, give dat	e			
Have you ever bee	n employed h	ere before?	_Yes _	_No	If yes, give dat	e			
Are you employed	now?	YesNo M	lay we co	ontact yo	our employer?	_YesNo			
Are you prevented Immigration Status					•				
On what date woul	d you be avai	ilable for work?	?						
Are you available t	o work	_Full Time	Part-Ti	me	_Shift Work	_Temporary			
Are you on lay-off	and subject t	o recall?		Yes	No				
Can you travel if jo	ob requires it	?		_Yes	No				
Have you been cor (Conviction will not neces If yes, please expla	ssarily disqualify a			ars?	Yes	No			
Veteran of the U. S	_	UAL OPPOR							

Indicate languages you	speak, read, and/or write.		
	Fluent	Good	Fair
Speak			
Read			
Write			
		es and offices held. (You ion, national origin, age, a	
Give name, address and not previous employers	•	ee references who are not	related to you and are
Special Employment No Physical or Mental Han		s, Vietnam Era Veterans,	and Individuals with
Act of 1974 which requestion and act of 1973, as amende	ires that they take affirmations affirmation that the Vision of the Vision irresponds to the Vis	012 of the Vietnam Era Ventive action to employ and ietnam Era, and Section 5 ment contractors to take a ndicapped individuals.	l advance in 03 of the Rehabilitation
this information which		or mental handicap you ar ntial. Failure to provide the for employment.	
If you wish to be identified	fied, please sign below.		
Handicapped	IndividualDisabl	ed VeteranVietnar	n Era Veteran
	Ciana	.1	

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status.

1. Employer	Telephone	Dates E	mployed	Work Performed
		From	То	
Address				
Job Title		Hourly R	ate/Salary	
		Start	Final	
Supervisor				
Reason For Leaving				
2. Employer	Telephone	Dates E	mployed	Work Performed
		From	To	
Address				
Job Title		Hourly Ra		
		Start	Final	
Supervisor				
Reason For Leaving			l	
3. Employer	Telephone		mployed	Work Performed
		From	То	
Address				
Job Title		Hourly R	ate/Salary	
		Start	Final	
Supervisor				
Reason For Leaving				
-	Telephone	Dates E	mployed	Work Performed
Reason For Leaving 4. Employer	Telephone	Dates E	mployed To	Work Performed
-	Telephone			Work Performed
4. Employer  Address	Telephone	From	То	Work Performed
4. Employer	Telephone	From		Work Performed
4. Employer  Address	Telephone	From Hourly R	To ate/Salary	Work Performed
4. Employer  Address  Job Title	Telephone	From Hourly R	To ate/Salary	Work Performed
4. Employer  Address  Job Title  Supervisor	Telephone	From Hourly R	To ate/Salary	Work Performed

If you need additional space, please continue on a separate sheet of paper.									
Special Skills and Qualifications Summarize special skills and qualifications acquired	from employment	or other experience							
EDUCATION									

	Elementary				High		College/University			Graduate/Professional							
School Name				-										+			
Years Completed/Degree Diploma/Degree	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Describe course of study																	
Describe specialized training, apprenticeship skills and extra- curricular activities		_	_	_													
					A	<b>v</b> ppl	ican	t's S	Statemo	ent							
I certify that answer I authorize investignecessary in arriving This application for days.  Any applicant wish as to whether or no The applicant under employer constituted by the employer and In the event of employer.	gation ng at part or em hing ot ap erstates and er ploy:	on on ont an on	be a cation be a cation be the cation be the cation be the cation between the cation betw	Il stanple nent cons at no loyr ee ir I un	eatement oyment shall asidered are be acither ment con writindersta	ents control  definition  ents control  ents control  ing.  and to	contaction consideration consideration consideration consideration consideration consideration contaction cont	ained on. idered ployrepted umen unless	d activement blat that nor a s a spe	e for beyon at time any o ecific	a pend thine. offer of documents	eriod is tim of en umen	of time perimployment to the	ployr ne no iod sl ment nat ef	t to e hould from fect i	exceed inquestions the is executed the inquestions of the inquestion of the	d 45 uire
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				Fo	or Pers				applicant etment		Only					Da	te
						sonn	nel D	epart	tment	Use (	N	o				Da	te

Name & Title

Date