



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, natural origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

251 Edwards Avenue
New Castle, DE 19720
302-324-8411

Date of Application:

APPLICANT INFORMATION

Last Name	First	M.I.
Street Address		Email
City	State	ZIP
Home Phone	Cell Phone	Date of Birth
Date Available	Social Security No.	Desired Salary
Position Applied For		
Are you a citizen of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, are you authorized to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever worked for this company? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, when?		
Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain:		
Have you ever been injured on the job and filed for workers compensation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain:		
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Proof of citizenship will be required upon employment.		
Can you travel if job requires it? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EDUCATION

High School	Address	
From To	Did you Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree
College	Address	
From To	Did you Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree
Other	Address	
From To	Did you Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree

REFERENCES

Please list three professional references

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title		Starting Salary:	Ending Salary:
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Company		Phone	
Address		Supervisor	
Job Title		Starting Salary:	Ending Salary:
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Company		Phone	
Address		Supervisor	
Job Title		Starting Salary:	Ending Salary:
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

MISCELLANEOUS

Describe Special Training, Certificates Held, Apprenticeship Skills and Extra-Curricular Activities:
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Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation in which you have applied? YES NO

Are you available to work: FULL TIME PART TIME SHIFT WORK TEMPORARY

Indicate any foreign languages you can speak, read and/or write:

DISCLAIMER & SIGNATURE

I certify that answers given herein are true and complete to the best of my knowledge. I authorize 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 (30) 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 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

Attach resume. If additional space is needed, continue on separate sheet of paper.