



Delaware Department of Transportation

Personnel Use Only
JR's ___Yes ___No
Comments:
Rater: ___Date: ___

EMPLOYMENT APPLICATION
For Conservation Technician I, Casual Seasonal ONLY

Name Last First Middle Initial

Mailing Address, City, State & Zip
E-mail Address:
Home Phone:
Business Phone:
May we call you at work? [] Yes [] No
Cell Phone:

Job Applied for (Title) Job Location:

Present State of Delaware Employee [] Yes [] No [] Merit [] Other [] Seasonal

Past State of Delaware Employee [] Yes [] No [] Merit [] Other [] Seasonal

State of Delaware Pensioner (Receiving a Pension Check) [] Yes [] No Retirement date

Driver's License (State) Type: Number: Expiration Date:

Employment Dismissals: Have you been involuntarily discharged or forced to resign from State employment in the last 3 years? If yes, give details: [] Yes [] No

The State requires verification of identity and eligibility for employment in the United States.

Are you lawfully permitted to work in the United States beyond a temporary period without employment based sponsorship? [] Yes [] No

EDUCATION/TRAINING

Have you graduated from high school or passed the G.E.D.? Yes No

Have you attended vocational and/or business school? Yes No

Did you attend college, universities, or other technical schools beyond high school? Yes No

If yes, give complete information in table below:

***A degree, as part of the Job Requirements, must have been issued from an accredited college or university in order to meet the Job Requirements.**

| School Name | Location | Dates Attended | Major/Minor | Type of Degree Received |
|-------------|----------|----------------|-------------|-------------------------|
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Please list currently valid certification of professional or vocational competence/licenses and expiration date.

| License/Certification Registration Type | Issued by/Number | Expiration Date |
|---|------------------|-----------------|
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Other Job-Related Training:

| Course Title | Training Provider | Dates Attended |
|--------------|-------------------|----------------|
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EMPLOYMENT HISTORY

Are you employed now?

Yes No

Beginning with your current or most recent position, state your employment history. A resume does not substitute for this section of the application. This section ***must be completed.***

| | | | | |
|-----------------------|-----------------------|--|------------------|--|
| Employed | Job Title: | | Hourly or Annual | |
| From: | Employer: | | Salary: | |
| | Location: | | Start: | |
| MO/DD/YR | Supervisor Name: | | Hours per Week | |
| To: | Supervisor Title: | | | |
| | Supervisor Phone No.: | | | |
| MO/DD/YR | Reason for Leaving: | | | |
| Describe your duties: | | | | |

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|-----------------------|-----------------------|--|------------------|--|
| Employed | Job Title: | | Hourly or Annual | |
| From: | Employer: | | Salary: | |
| | Location: | | Start: | |
| MO/DD/YR | Supervisor Name: | | Hours per Week | |
| To: | Supervisor Title: | | | |
| | Supervisor Phone No.: | | | |
| MO/DD/YR | Reason for Leaving: | | | |
| Describe your duties: | | | | |

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|-----------------------|-----------------------|--|------------------|--|
| Employed | Job Title: | | Hourly or Annual | |
| From: | Employer: | | Salary: | |
| | Location: | | Start: | |
| MO/DD/YR | Supervisor Name: | | Hours per Week | |
| To: | Supervisor Title: | | | |
| | Supervisor Phone No.: | | | |
| MO/DD/YR | Reason for Leaving: | | | |
| Describe your duties: | | | | |

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|-----------------------|-----------------------|--|------------------|--|
| Employed | Job Title: | | Hourly or Annual | |
| From: | Employer: | | Salary: | |
| | Location: | | Start: | |
| MO/DD/YR | Supervisor Name: | | Hours per Week | |
| To: | Supervisor Title: | | | |
| | Supervisor Phone No.: | | | |
| MO/DD/YR | Reason for Leaving: | | | |
| Describe your duties: | | | | |

APPLICANT RELEASE OF EMPLOYMENT INFORMATION

READ THIS STATEMENT BEFORE SIGNING THIS APPLICATION:

Information provided on this application may be verified, including, but not limited to, contacting former employers. **Any false or substantive omission of information may be cause for rejection or dismissal if employed by the State.**

I authorize the release of any information from previous employers or references. If I am a current or former employee of the State of Delaware, I acknowledge that my personnel records shall be subject to review by the hiring agency.

By signing this application, I certify agreement with the terms given above for Applicant Release of Employment Information.

By signing this application, I certify that I have read and understand the conditions of employment as stated below. I also certify that this application was completed by me, that all entries on it are true, and that I seek employment under these conditions.

- **Child Support Compliance:** State law requires that information on all hires (i.e. Name, Address, Social Security Number, and Date of Hire) be reported to the State for the purpose of locating persons who owe family support. The Division of Child Support Enforcement is authorized to request additional employment and identifying information under special circumstances. Applicants will not be disqualified from employment based on this information.
- **Direct Deposit:** As a condition of employment, direct deposit of paychecks is required for all new employees.
- **Immigration Law:** At the time of hire, state employees must meet the documentation requirements of the Immigration Reform and Control Act of 1986.
- **Reference Check:** Prior to appointment, your education and employment history are subject to verification. At the time of a selection interview, candidates may be required to provide copies of certificates, licenses, diplomas, and course transcripts.

Signature

Date

Accommodations are available for applicants with disabilities in all phases of the application and employment process. To request auxiliary aid or service, please call (302) 739-5458 for assistance. TDD users should call the Delaware Relay Service Number 1-800-232-5460 for assistance.

An Equal Opportunity Employer