

Personnel Use Only JR'sYesNo Comments:
Rater:Date:

EMPLOYMENT APPLICATION For Conservation Technician I, Casual Seasonal ONLY

Name					
Last	First	į	M	iddle Initial	
Mailing Address, City, State & Zip	E-mail Address: Home Phone:				
	Bus	iness Phone:			
		y we call you a l Phone:	at work?	Yes	☐ No
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? <i>If yes, give details:</i>					
The State requires verification of identity	and eligib	oility for empl	oyment in th	e United States	S.
Are you lawfully permitted to work in the without employment based sponsorship?	United S	tates beyond a	a temporary	period	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 N						☐ No	
Did you attend college, universitie	Did you attend college, universities, or other technical schools beyond high school?						
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	Locati	on	Dates Attended	Major/Min	or	Type of Degree Received	
Please list currently valid certification of professional or vocational competence/licenses and expiration date.							
License/Certification Registration Type]	Issued by/Number			Expiration Date	
Other Job-Related Training:							
Course Title	Course Title		g Provider	D	Dates Attended		

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EMPLOYMENT HISTORY

Are you employed	now?	☐ Yes ☐ No
	our current or most recent position, state your emsection of the application. This section <i>must be</i>	<u> </u>
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 duti	· · · · · · · · · · · · · · · · · · ·	
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 duti	es:	
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 duti	es:	
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 duti	es:	

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JOB REQUIREMENTS

Please describe how your education, training, and experience meet **each** Job Requirement below. Include all work experience and skills related. Please *do not* submit copies of letters or training certificates, unless stated as a requirement.

1.	Knowledge of operating and maintaining motor vehicles, landscaping and groundskeeping equipment and hand tools.
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2.	Knowledge of plant life, horticulture or arboriculture such as plant growth, pest or disease control, groundskeeping or landscaping.
3.	Possession of a valid Driver's License (not suspended, revoked or cancelled, or disqualified from driving.

Use additional pages if needed

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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 employment process. To request auxiliary aid or servi users should call the Delaware Relay Service Number 1	ice, please call (302) 739-5458 for assistance. TDD

An Equal Opportunity Employer

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