

Town of Milton

115 Federal Street
Milton, DE 19968



www.milton.delaware.gov

Phone: 302-684-4110

Fax: 302-684-8999

APPLICATION FOR EMPLOYMENT

(Please print and complete in full)

Position(s) Applied for:	Date of Application:

Will you accept (circle all that apply):			
Permanent	Temporary	Full-time	Part-time

How did you learn about us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative/Friend	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Internet	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Other

Last Name	First Name	Middle Name

Address	City	State	Zip

Telephone Number(s)	Social Security Number

Driver's License (State)	Type/#	Expiration

Best time to contact you: _____

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? Date: _____ Yes No

Have you ever been employed with us before? Date: _____ Yes No

Do any of your friends or relatives work here? Yes No

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

Can you travel if a job requires it? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Date available for work: _____ What is your desired salary range? _____

Education

(Please Print and complete in full)

Name & Address of School	Course of Study	Years Completed	Diploma/Degree

Describe any specialized training, apprenticeship, skills, certificates, and extra-curricular activities that relate to this position:

Describe any computer skills:

Other:

Employment History

(Start with your present/last job. Please print and complete in full.)

Employer & Address		Dates Employed	
		From	To
Telephone Number(s)			
Job Title	Supervisor		
<input type="checkbox"/> Full-time	Reason for Leaving:		
<input type="checkbox"/> Part-time			
Work Performed:			

Employer & Address		Dates Employed	
		From	To
Telephone Number(s)			
Job Title	Supervisor		
<input type="checkbox"/> Full-time	Reason for Leaving:		
<input type="checkbox"/> Part-time			
Work Performed:			

Employer & Address		Dates Employed	
		From	To
Telephone Number(s)			
Job Title	Supervisor		
<input type="checkbox"/> Full-time	Reason for Leaving:		
<input type="checkbox"/> Part-time			
Work Performed:			

Employment History (continued)

(Please print and complete in full.)

Employer & Address		Dates Employed	
		From	To
Telephone Number(s)			
Job Title	Supervisor		
<input type="checkbox"/> Full-time	Reason for Leaving:		
<input type="checkbox"/> Part-time			
Work Performed:			

Employer & Address		Dates Employed	
		From	To
Telephone Number(s)			
Job Title	Supervisor		
<input type="checkbox"/> Full-time	Reason for Leaving:		
<input type="checkbox"/> Part-time			
Work Performed:			

Employer & Address		Dates Employed	
		From	To
Telephone Number(s)			
Job Title	Supervisor		
<input type="checkbox"/> Full-time	Reason for Leaving:		
<input type="checkbox"/> Part-time			
Work Performed:			

Additional Information

(Please print and complete in full.)

State any additional information you feel may be helpful to us in considering your application:

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? (NOTE: Only answer if you have been informed of the requirements of the job for which you are applying) Yes No

A background check, including criminal history, is required after completion of the first interview.
Any security clearance will be based on agency requirements.

Direct deposit of paychecks is a condition of employment for all new employees.

If you are claiming preferences as a Veteran or the un-remarried widow or widower of a deceased veteran, attach a copy of your DD214 form. If you are also claiming preference as a disabled veteran or un-remarried widow or widower of a deceased disabled veteran, include your VA disability letter and claim number.

References

(Please print and complete in full.)

1.	_____	_____
	Name	Phone

	Address	

2.	_____	_____
	Name	Phone

	Address	

3.	_____	_____
	Name	Phone

	Address	

Certification

(Please read the following statement carefully.)

I certify that the answers given herein are true and complete. Any false or substantive omission of information given in my application or interview(s) may be cause for rejection, or dismissal if employed by the Town of Milton. I authorize the release of any information from previous employers or references. Further, understand that I am required to abide by all rules and regulations of the employer.

I understand that if I am hired by the Town of Milton, the Town shall require verification of identity and eligibility for employment in the United States.

I certify that if I am male, born after January 1, 1960, I have registered for Selective Service if required to register. I understand that I may be required to document registration.

Signature of Applicant

Date

NOTE: This application for employment shall be considered active for a period of time not to exceed 180 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.

TM Form 027 Created 10/9/2007; updated 12/06/2016