



City of New Castle, Delaware
An Equal Opportunity Employer

Employment Application

220 Delaware Street
New Castle, DE 19720

You are required to attach a copy of your driver's license to this application

www.newcastlecity.delaware.gov

Please PRINT and use black or blue ink.

Personal Information

Name: SSN:
Address: Home Telephone:
City: State: Zip: Other Telephone:
E-Mail:

Are you eligible to work in the United States? Yes No

Are you or have you been employed with the City? Currently Employed Previously employed
Yes No From: / / To: / /

Position Applied For:

Education

Did you graduate High School or achieve a GED? Yes No
Name of School Specialty or Major Degree Earned

Training/Skills

Are you a Delaware licensed driver? Yes No
Type of license Class D CDL Other
Delaware Driver's License Number:

List training/skills which would qualify you for the position you seek.

Application Source - How did you hear about this job vacancy?

Walk-in
Newspaper
City employee Name of City employee:
Referral Referred by:
Other

Are you related to anyone currently employed by the City? If so, please list name(s) and relationship(s) below.

## Employment History

List all employment, including military service. Begin with your present or most recent job and work back. Add sheets as needed.

<b>Job Title:</b>	<b>Supervisor Name/Title:</b>	
<b>Employer:</b>	<b>Number of Employees Supervised:</b>	
<b>Address:</b>	<b>Employment Dates: (Month, Year)</b>	
<b>City, State, Zip:</b>	<b>From:</b>	<b>To:</b>
<b>Employer Telephone:</b>	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<b>Salary: \$</b>
<b>Description of Work:*</b>	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

\*A résumé may be attached in lieu of completing the "Description of Work" section.

Reason for leaving:

<b>Job Title:</b>	<b>Supervisor Name/Title:</b>	
<b>Employer:</b>	<b>Number of Employees Supervised:</b>	
<b>Address:</b>	<b>Employment Dates: (Month, Year)</b>	
<b>City, State, Zip:</b>	<b>From:</b>	<b>To:</b>
<b>Employer Telephone:</b>	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<b>Salary: \$</b>
<b>Description of Work:*</b>	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Reason for leaving:

## Employment History (cont.)

<b>Job Title:</b>	<b>Supervisor Name/Title:</b>	
<b>Employer:</b>	<b>Number of Employees Supervised:</b>	
<b>Address:</b>	<b>Employment Dates: (Month, Year)</b>	
<b>City, State, Zip:</b>	<b>From:</b>	<b>City, State, Zip:</b>
<b>Employer Telephone:</b>	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<b>Salary: \$</b>
<b>Description of Work:*</b>	<b>May we contact this employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Reason for leaving:**

### Background

Have you ever been convicted of a felony, misdemeanor, or any other crime or been subject of deferred adjudication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain. (Omit convictions for minor traffic citations unless the position for which you are applying requires the operation of a motor vehicle. Conviction will not result in automatic disqualification for employment; however a false statement or an omission will disqualify you. The seriousness of the crime, the date of conviction and the relevance of the crime to the position will be considered.)		

### Section to be Completed by Persons Applying for a Position Requiring a Commercial Drivers' License (CDL)

Have you ever tested positive for drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Subsequent to any positive test(s), did you complete the SAP program and successfully follow-up with the minimum six negative drug tests?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, list the employer(s) for whom you were working at the time of the positive test(s).		

**I hereby certify that all entries on this Employment Application and attachments are true and complete. I agree and understand that any falsification of information, regardless of time of discovery, may cause forfeiture on my part of any employment with the Mayor and Council of New Castle. I also consent that you may contact my references, former employers and educational institutions listed on this Application.**

**Signature of Applicant:**

**Date:** \_\_\_/\_\_\_/\_\_\_

**For Official City Use Only**

Interview Date: \_\_\_\_\_ Name of Interviewer(s) \_\_\_\_\_

Use the space below for additional notes.