

**MAYOR & COUNCIL  
TOWN OF DAGSBORO  
33134 Main Street, P.O. Box 420  
Dagsboro, DE 19939**

**TOWN OF DAGSBORO, DELAWARE  
APPLICATION FOR EMPLOYMENT**

The Town of Dagsboro government operates under an Affirmative Action Policy. The Town actively encourages applications from all persons regardless of race, color, creed and/or religion, sex, age, national origin, marital status, and regardless of sensory, physical or mental handicap.

**INSTRUCTIONS:** Please print **LEGIBLY IN INK** and it is important to answer each question completely. A resume should be attached for informational purposes but should not take the place of the completed form. All information will be held in confidence, and if employed, this will be part of your permanent record.

Today's Date \_\_\_\_\_ Title of position applied for \_\_\_\_\_  
NAME:

\_\_\_\_\_

Last First Middle

\_\_\_\_\_ Day: \_\_\_\_\_ Evening: \_\_\_\_\_  
Address City State Zip Code Telephone Number

List relatives already employed by the Town of Dagsboro:

Name \_\_\_\_\_ Dept. \_\_\_\_\_  
Name \_\_\_\_\_ Dept. \_\_\_\_\_

Do you have outside interests or responsibilities or any conditions which would interfere with your performing the duties of the job which you are applying for? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 GED  
# Years attended College \_\_\_\_\_

Name & location of schools attended	Dates attended From: To:	Course of study	Degree Received

List other training and experience which would help you perform the duties of the job which you are applying \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If applying for office jobs, list office equipment or machines operated:

Dictaphone\_\_\_\_\_ Calculator\_\_\_\_\_ Computer\_\_\_\_\_ Copier\_\_\_\_\_ Typing Speed\_\_\_\_\_

List any professional license, certificate, or registration you hold which will help you in the job for which you are applying

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**EMPLOYMENT HISTORY:** Begin with present of last position and list periods of unemployment. It is important to answer each question completely.

FROM (MO & YR)	TITLE OF YOUR PRESENT POSITION	EMPLOYER'S NAME	PHONE
TO (MO & YR)	PRIMARY DUTIES	EMPLOYERS ADDRESS	CITY & STATE
TOTAL MONTHS WORKED		NAME & TITLE OF SUPERVISOR	PHONE
HOURS WORKED EACH WEEK		IF WE CONTACT YOUR PRESENT EMPLOYER, WILL YOUR POSITION BE ENDANGERED YES_____NO_____	REASON FOR LEAVING OR CONSIDERING CHANGE

FROM (MO & YR)	TITLE OF YOUR POSITION	EMPLOYER'S NAME	PHONE
TO (MO & YR)	PRIMARY DUTIES	EMPLOYERS ADDRESS	CITY & STATE
TOTAL MONTHS WORKED		NAME & TITLE OF SUPERVISOR	PHONE
HOURS WORKED EACH WEEK		REASON FOR LEAVING	

FROM (MO & YR)	TITLE OF YOUR POSITION	EMPLOYER'S NAME	PHONE
TO (MO & YR)	PRIMARY DUTIES	EMPLOYERS ADDRESS	CITY & STATE
TOTAL MONTHS WORKED		NAME & TITLE OF SUPERVISOR	PHONE
HOURS WORKED EACH WEEK		REASON FOR LEAVING	

Did you work for any of the above mentioned companies or attend any school under a different name?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, name under which you are known to them

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**PERSONAL REFERENCES: (Other than relatives and former employers)**

NAME	OCCUPATION	ADDRESS	HOME PHONE	BUS. PHONE

If your application is considered favorably, on what date will you be available for work?

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Comments or additional information: \_\_\_\_\_

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I hereby certify that to the best of my knowledge the answers made hereon are true. I understand that if employed, any misrepresentation of facts on this application is sufficient cause for dismissal. I also understand that classification as a regular employee depends upon my successfully performing the work assigned me during a probationary period and upon the further need of my continued employment by the Town of Dagsboro. I also give the Dagsboro Police Department authorization to perform a background check.

Signature \_\_\_\_\_