

Application for Employment

Please Print

Town of Middletown
19 W. Green Street
Middletown, DE 19709
302-378-2711

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name _____ Applicant ID # _____
Last First Middle

Address _____
Street City State ZIP Code

Telephone # () Cellular/Other Phone # () E-mail Address _____

Position(s) applied for _____ Date of application ____/____/____

Referral Source (Please check the appropriate category and list the source.)

- | | |
|--|---|
| ☐ Walk-In _____ | ☐ School _____ |
| ☐ Employee _____ | ☐ Job Fair _____ |
| ☐ Advertisement _____ | ☐ Staffing Agency _____ |
| ☐ Company's Website _____ | ☐ Government Employment Agency _____ |
| ☐ Other Internet _____ | ☐ Other _____ |

If necessary, best time to call you is _____ : _____ AM PM
☐ Home ☐ Cellular/Other

May we contact you at work? _____ ☐ Yes ☐ No
If yes, work number and best time to call:

() : _____ AM PM

If you are under 18 and it is required,
can you furnish a work permit? _____ ☐ Yes ☐ No

If no, please explain: _____

Have you submitted an application here before? ☐ Yes ☐ No
If yes, give date(s) and position(s): _____

Have you ever been employed here before? ☐ Yes ☐ No
If yes, give dates: From ____/____/____ To ____/____/____

Is this application a request for reemployment following an extended
military leave of absence from this company? ☐ Yes ☐ No

If yes, additional information may be requested.

Are you legally eligible for employment
in this country? ☐ Yes ☐ No

Date available for work _____/_____/_____

What is your desired salary range or hourly rate of pay?

\$ _____ Per _____

Type of employment desired: ☐ Full-Time ☐ Part-Time
☐ Educational Co-Op ☐ Seasonal ☐ Temporary

Will you relocate if job requires it? ☐ Yes ☐ No

Will you travel if job requires it? ☐ Yes ☐ No

If they have been explained to you, are you able to meet the
attendance requirements of the position? ... ☐ N/A ☐ Yes ☐ No

Will you work overtime if required? ☐ Yes ☐ No

If no, please explain: _____

Are you able to perform the "essential functions" of the job for which
you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability.
Please do not provide information about the existence of a disability, particular
accommodation, or whether accommodation is necessary. These issues may be
addressed at a later stage to the extent permitted by law.

☐ Yes ☐ No ☐ Need more information about the
job's "essential functions" to respond

Driver's license number required if driving may be required in the
job for which you are applying:

_____ State _____

Have you ever been bonded? ☐ Yes ☐ No

Have you entered into an agreement with any former employer or
other party (such as a noncompetition agreement) that might, in any
way, restrict your ability to work for our company? ☐ Yes ☐ No

If yes, please explain: _____

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone # ()	Dates employed: Month / Year to Month / Year
Street address	City State	Compensation (Starting)
Starting job title/final job title		☐ Hourly ☐ Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? ☐ Yes ☐ No ☐ Later	Commission/Bonus/Other Compensation \$
Why did you leave?	E-mail:	Compensation (Final)
		☐ Hourly ☐ Salary \$ per
		Commission/Bonus/Other Compensation \$
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about the position?		

Employer	Telephone # ()	Dates employed: Month / Year to Month / Year
Street address	City State	Compensation (Starting)
Starting job title/final job title		☐ Hourly ☐ Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? ☐ Yes ☐ No ☐ Later	Commission/Bonus/Other Compensation \$
Why did you leave?	E-mail:	Compensation (Final)
		☐ Hourly ☐ Salary \$ per
		Commission/Bonus/Other Compensation \$
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about the position?		

Employer	Telephone # ()	Dates employed: Month / Year to Month / Year
Street address	City State	Compensation (Starting)
Starting job title/final job title		☐ Hourly ☐ Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? ☐ Yes ☐ No ☐ Later	Commission/Bonus/Other Compensation \$
Why did you leave?	E-mail:	Compensation (Final)
		☐ Hourly ☐ Salary \$ per
		Commission/Bonus/Other Compensation \$
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about the position?		

Employer	Telephone # ()	Dates employed: Month / Year to Month / Year
Street address	City State	Compensation (Starting)
Starting job title/final job title		☐ Hourly ☐ Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? ☐ Yes ☐ No ☐ Later	Commission/Bonus/Other Compensation \$
Why did you leave?	E-mail:	Compensation (Final)
		☐ Hourly ☐ Salary \$ per
		Commission/Bonus/Other Compensation \$
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about the position?		

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability. _____

If not addressed on previous page, have you ever been fired or asked to resign from a job?..... ☐ Yes ☐ No

If yes, please explain: _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying: _____

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

☐ Word Processing _____ Years: _____ ☐ Internet _____ Years: _____

☐ Spreadsheet _____ Years: _____ ☐ Other _____ Years: _____

☐ Presentation _____ Years: _____ ☐ Other _____ Years: _____

☐ E-mail _____ Years: _____ ☐ Other _____ Years: _____

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City and State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		☐ Diploma ☐ GED ☐ Degree _____ ☐ Certification _____ ☐ Other _____		
		☐ Diploma ☐ GED ☐ Degree _____ ☐ Certification _____ ☐ Other _____		
		☐ Diploma ☐ GED ☐ Degree _____ ☐ Certification _____ ☐ Other _____		
		☐ Diploma ☐ GED ☐ Degree _____ ☐ Certification _____ ☐ Other _____		

References

List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors.
If not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship to You	Telephone	E-mail	# of Years Known
			()		
			()		
			()		

Social Security Number

SS# _____

We will use this information only for employment purposes and make reasonable efforts to safeguard your privacy.

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, genetic information, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, genetic information, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.

In your current or a previous job, have you ever written instructions or directions to be followed by employees or customers?

☐ Yes ☐ No ☐ Not Applicable

If yes, please explain: _____

Is there any other job-related information you want us to know about you? _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____



©2012 EDI
A2162

This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use or inability to use this product. You are urged to consult an attorney concerning your particular situation and any specific questions or concerns you may have. Products printed by ComplyRight are provided on recycled paper.

Important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.



Voluntary Affirmative Action and Veteran Status Data

PLEASE NOTE: Completion of this form is voluntary.

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran, or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To comply with requirements regarding government recordkeeping, reporting, and other legal obligations that may apply, we request that you complete this form. Providing this information is **STRICTLY VOLUNTARY**. Not providing it will not subject you to any negative personnel decision or action. Your cooperation is appreciated.

To be completed by applicant on a voluntary basis. Not for interview purposes. File separately from application.

Applicant Information

Name _____ Phone () _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

☐ Male ☐ Female Position applied for _____ Date ____/____/____

Referral source:

☐ Government employment agency ☐ Private employment agency ☐ Current employee
☐ Walk-in ☐ School ☐ Relative
☐ Other _____ ☐ Advertisement in _____

Person who referred you, if applicable _____

Please select one of the following Equal Employment Opportunity Identification Groups:

☐ Hispanic or Latino ☐ White (not Hispanic or Latino) ☐ Asian (not Hispanic or Latino)
☐ Native Hawaiian/Other Pacific Islander (not Hispanic or Latino) ☐ Black/African American (not Hispanic or Latino)
☐ American Indian/Alaskan Native (not Hispanic or Latino) ☐ Two or more races (not Hispanic or Latino)

Veteran Status Information

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active-duty wartime or campaign-badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A "disabled veteran" is one of the following:
 - ☐ a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - ☐ a person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active-duty wartime or campaign-badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA — the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

(continued)



Town of Middletown

19 West Green Street, Middletown, Delaware 19709

Phone: (302)378-2711

Website: www.middletownde.org

HIPAA – MEDICAL INFORMATION RELEASE FORM Employee Authorization for Use of Protected Health Information

I, _____, hereby authorize the release of the protected health information, listed below, to the Human Resources Department for the TOWN OF MIDDLETOWN.

- Drug and alcohol test results for pre-employment testing, random testing, and post-accident testing.
- Health and Fitness Assessment and Fitness-for-Duty Examination results.
- Background Investigation results.
- Psychological Evaluation results.
- Polygraph Testing results.
- Results of CDL examination for purposes of driving town-owned vehicles

I understand that this Authorization will permit the above-named parties to use or disclose the identified medical information for employment-related purposes beyond treatment, payment, or healthcare operations as provided by the Health Insurance Portability & Accountability Act of 1996 (HIPAA).

I understand that I may revoke this authorization at any time by providing written notification to the Town of Middletown's Human Resources Department. The revocation will be effective on the date it has been received and processed by the Town of Middletown. I understand that the revocation does not apply to actions taken in reliance upon this authorization prior to the effective date of revocation. This Authorization shall remain in effect during my employment with THE TOWN OF MIDDLETOWN and for a period of six months thereafter.

I understand that the information used or disclosed pursuant to this Authorization may be subject to redisclosure by the named recipient, and may no longer be protected by HIPAA's privacy rules after the authorized disclosure.

Applicant / Employee Printed Name

Applicant / Employee Signature

Date

Witness Printed Name

Witness Signature

Date



Town of Middletown

19 West Green Street, Middletown, Delaware 19709
Phone: (302)378-2711 Website: www.middletownde.org

AUTHORIZATION RELEASE FOR BACKGROUND INVESTIGATION

TO: Any Physician, Psychologist, Psychiatrist, Dentist, Hospital, Medical Association;
The U.S. Armed Forces, Maritime Service, Veteran's Administration, Selective Service Administration;
Any Academic Dean, Registrar, Principal, Guidance Counselor, or authorized person at any: School, College, University, Business School, Trade School, Elementary or High School;
Any local, State or Federal Law Enforcement Agency;
Any Past or Present Employer;
Any Internal Affairs Division;
Any Credit Bureau or Retail Merchants Association;
Any Insurance Company

I, _____, have applied for employment with the Town of Middletown and/or the Middletown Police Department. I am aware that my entire background will be thoroughly investigated, by the Middletown Police Department and I hereby authorize and request the release of any and all information you have that concerns me, including academic transcripts and disciplinary matters, to a representative of the Town of Middletown Police Department or Human Resources. This authorization, or a reproduction thereof, shall be valid for a period of one year from the date of execution of this document.

Date of Birth: _____ Place of Birth: _____
(City and State)

Social Security Number: _____

Address: _____

City / State / Zip: _____

Printed Name of
Employee/Applicant

Signature of
Employee/Applicant

Date

Printed Name of Witness

Signature of Witness

Date



Town of Middletown

19 West Green Street, Middletown, Delaware 19709
Phone: (302)378-2711 Website: www.middletownde.org

APPLICATION RELEASE FORM

Please read the following statements carefully before signing. In addition, please review your application to ensure you have answered every question accurately.

1. **Conditional Offers:** All offers are contingent upon successful drug screening, fitness for duty physical, reference and other background checks, and proof of authorization to work in the United States.
2. **References:** I authorize the Town of Middletown to verify the accuracy of all representations on this application and to contact any employer, person, or organization relevant to my application. In addition, by signing below, I authorize these employers, people, and organizations to provide the Town of Middletown with any information relevant to the Town of Middletown's employment decision.
3. **Drug Test:** I understand that all offers of employment by the Town of Middletown are contingent upon the results of a drug test arranged and paid for by the Town of Middletown. I also understand that if the test result is positive, if I fail or refuse to provide a specimen for analysis at the time requested, or if the specimen shows any signs of adulteration or substitution, the offer will be revoked, and I will not be eligible for further employment consideration.
4. **Driver's License:** I understand that if I am offered a position, I authorize the Town of Middletown to obtain a copy of my driving record. I further understand that if I do not meet the established driving standards required for the position, the offer of employment will be withdrawn.
5. **Application:** I understand that nothing contained in this application, or the granting of an interview, is intended to create an employment contract between me and the Town of Middletown. No promises regarding employment have been made to me, and I understand that no such promises are binding upon the Town of Middletown unless made in writing.
6. **Accuracy of Information:** I understand and agree that (a) the information I have provided is accurate to the best of my knowledge and subject to verification by the Town of Middletown and (b) a material misrepresentation or deliberate omission of fact may be justification for refusal of employment or, if employed by the Town of Middletown, dismissal.
7. **Conflict of Interest:** The Town of Middletown's policy restricts activities and relationships that create an actual or perceived conflict of interest with the Town of Middletown's business. Such conflicts may affect a person's employment or continued employment at the Town of Middletown. Failure to report potential conflicts may result in an offer not being made, an offer being rescinded, or corrective action up to and including dismissal.

Applicant's Printed Name: _____

_____ Date

Applicant's Signature: _____

(Notary not required)