JOB APPLICATION

Town of Ocean View, Delaware 201 Central Ave, Ocean View, Delaware 19970 302-539-9797

Town Of Ocean View, Delaware is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information Applicant Name:			
Address:			
City, State and Zip Code:			
Telephone Number: Email Address:			
Linuii Addiess.			
Date of Application:			
Employment Position Position(s) applying for:			
How did you hear about this	position?		
On what date can you start v	vorking if you are hired?		
Do you have reliable transpo	rtation to and from work?		
Personal Information			
Are you a U.S. citizen or app	roved to work in the United States?	Yes	No
What document can you prov			
Will you consent to a mandatory controlled substance test?			No
Do you have any condition which would require job accommodations?			No
If yes, please describe accom	imodations required below.		
Have you ever been convicte	d of a criminal offense (felony or misdemeand	or)? Yes	No
	e of the crime(s), when and where convicted a	,	

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.) Job Skills/Qualifications Please list below the skills and qualifications you possess for the position for which you are applying: (Note: Town of Ocean View, Delaware complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

i gh School Name	Location (City, State)	Year Graduated	Degree Earned
College/University			
Name	Location (City, State)	Year Graduated	Degree Earned
/ocational School/Speci	alized Training	15	
Name	Location (City, State)	Year Graduated	Degree Earned
Military:			
Are you a member of the	Armed Services?		
What branch of the milita	ry did you enlist?		
What was your military ra	nk when discharged?		
How many years did you	serve in the military?		
What military skills do you	u possess that would be an as	set for this position?	
What mintary skins do you	a possess that would be all as	oct for this position.	

Employer Name:

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone: Dates Employed: Reason for leaving: Employer Name: Job Title: Supervisor Name: Employer Address: City, State and Zip Code: Employer Telephone: Dates Employed: Reason for leaving: Employer Name: Job Title: Supervisor Name: Employer Name: Job Title: Supervisor Name: Employer Address: City, State and Zip Code: Employer Telephone: Dates Employed: Reason for leaving: References Please provide 3 personal and professional reference(s) below: Reference Contact Information AT-WILL EMPLOYMENT The relationship between you and the Town of Ocean View, Delaware is referred to as "employment awill." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Town of Ocean View, Delaware . Applicant Signature: Dated:	Employor Tolophono	
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