



Personnel Use Only

JR's  Yes  No

Comments:

Rater: \_\_\_\_\_ Date: \_\_\_\_\_

## EMPLOYMENT APPLICATION For Equipment Operator I, Casual Seasonal **ONLY**

Name \_\_\_\_\_  
Last First Middle Initial

Mailing Address, City, State & Zip E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

May we call you at work?  Yes  No

Cell Phone: \_\_\_\_\_

Job Applied for (Title) \_\_\_\_\_ Job Location: \_\_\_\_\_

Present State of Delaware Employee  Yes  No  Merit  Other  Seasonal

Past State of Delaware Employee  Yes  No  Merit  Other  Seasonal

State of Delaware Pensioner  Yes  No Retirement date \_\_\_\_\_  
(Receiving a Pension Check)

Driver's License (State) \_\_\_\_\_ Type: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Employment Dismissals: Have you been involuntarily discharged or forced to resign from State employment in the last 3 years? *If yes, give details:*  Yes  No

The State requires verification of identity and eligibility for employment in the United States.

Are you lawfully permitted to work in the United States beyond a temporary period without employment based sponsorship?  Yes  No

## EDUCATION/TRAINING

Have you graduated from high school or passed the G.E.D.?  Yes  No

Have you attended vocational and/or business school?  Yes  No

Did you attend college, universities, or other technical schools beyond high school?  Yes  No

If yes, give complete information in table below:

**\*A degree, as part of the Job Requirements, must have been issued from an accredited college or university in order to meet the Job Requirements.**

School Name	Location	Dates Attended	Major/Minor	Type of Degree Received

Please list currently valid certification of professional or vocational competence/licenses and expiration date.

License/Certification Registration Type	Issued by/Number	Expiration Date

Other Job-Related Training:

Course Title	Training Provider	Dates Attended

# EMPLOYMENT HISTORY

Are you employed now?

Yes     No

Beginning with your current or most recent position, state your employment history. A resume does not substitute for this section of the application. This section *must be completed*.

Employed	Job Title:		Hourly or Annual	
From:	Employer:		Salary:	
	Location:		Start:	
MO/DD/YR	Supervisor Name:		Hours per Week	
To:	Supervisor Title:			
	Supervisor Phone No.:			
MO/DD/YR	Reason for Leaving:			
Describe your duties:				

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From:	Employer:		Salary:	
	Location:		Start:	
MO/DD/YR	Supervisor Name:		Hours per Week	
To:	Supervisor Title:			
	Supervisor Phone No.:			
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From:	Employer:		Salary:	
	Location:		Start:	
MO/DD/YR	Supervisor Name:		Hours per Week	
To:	Supervisor Title:			
	Supervisor Phone No.:			
MO/DD/YR	Reason for Leaving:			
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	Supervisor Phone No.:			
MO/DD/YR	Reason for Leaving:			
Describe your duties:				

## JOB REQUIREMENTS

Please describe how your education, training, and experience meet **each** Job Requirement below. Include all work experience and skills related. Please *do not* submit copies of letters or training certificates, unless stated as a requirement.

1. Knowledge of preventative maintenance on vehicles and equipment which includes lubricating, cleaning, and servicing.
2. Knowledge of operating a variety of equipment used in repair, maintenance, and development of roads, grounds, or structures such as jack hammers, power saws, air compressors, or hydraulic post drivers.
3. Knowledge of operating motorized equipment used for grounds keeping, snow removal, or hauling materials.
4. Possession of a Driver's License (not suspended, revoked or cancelled, or disqualified from driving).

Use additional pages if needed

# APPLICANT RELEASE OF EMPLOYMENT INFORMATION

## READ THIS STATEMENT BEFORE SIGNING THIS APPLICATION:

Information provided on this application may be verified, including, but not limited to, contacting former employers. **Any false or substantive omission of information may be cause for rejection or dismissal if employed by the State.**

I authorize the release of any information from previous employers or references. If I am a current or former employee of the State of Delaware, I acknowledge that my personnel records shall be subject to review by the hiring agency.

By signing this application, I certify agreement with the terms given above for Applicant Release of Employment Information.

By signing this application, I certify that I have read and understand the conditions of employment as stated below. I also certify that this application was completed by me, that all entries on it are true, and that I seek employment under these conditions.

- **Child Support Compliance:** State law requires that information on all hires (i.e. Name, Address, Social Security Number, and Date of Hire) be reported to the State for the purpose of locating persons who owe family support. The Division of Child Support Enforcement is authorized to request additional employment and identifying information under special circumstances. Applicants will not be disqualified from employment based on this information.
- **Direct Deposit:** As a condition of employment, direct deposit of paychecks is required for all new employees.
- **Immigration Law:** At the time of hire, state employees must meet the documentation requirements of the Immigration Reform and Control Act of 1986.
- **Reference Check:** Prior to appointment, your education and employment history are subject to verification. At the time of a selection interview, candidates may be required to provide copies of certificates, licenses, diplomas, and course transcripts.

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Signature

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Date

Accommodations are available for applicants with disabilities in all phases of the application and employment process. To request auxiliary aid or service, please call (302) 739-5458 for assistance. TDD users should call the Delaware Relay Service Number 1-800-232-5460 for assistance.

An Equal Opportunity Employer