

Personnel Use Only JR's _Yes_No Comments:
Rater:Date:

EMPLOYMENT APPLICATION For Toll Collector, 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?	☐ No
	Cell Phone:	
Job Applied for: Toll Collector, C	Casual Seasonal ONLY	
Job Location/Select:		
Yes No Dover	Yes No Dover and B	iddles only
— Biddles Corner		·
Yes No Relates Corner (Rt.1 nr. Senator Roth	Bridge) Yes No Dover and N	ewark only
Yes No Newark (I-95 Tolls)	Yes No Biddles and I	Newark only
Present State of Delaware Employee	Yes No Merit Other	Seasonal
Past State of Delaware Employee	Yes No Merit Other	Seasonal
State of Delaware Pensioner (Receiving a Pension Check)	Yes No Retirement date	
Driver's License (State) Type:	Number: Expiration Date:	
Employment Dismissals: Have you been in resign from State employment in the last 3 years.		Yes No
The State requires verification of identity an	nd eligibility for employment in the United States.	
Are you lawfully permitted to work in the U without employment based sponsorship?	United States beyond a temporary period	Yes No
If you are a male, born after January 1, 196 if required to register? Proof of registration	O, have you registered for Selective Service,	Yes No

EDUCATION/TRAINING

	EDUCA	TION/TRAINING			
Have you graduated from high school or passed the G.E.D.? Yes No					☐ No
Have you attended vocational and/or business school? Yes No					☐ No
<u> </u>				Yes	☐ No
	, as part of the Job F	: Requirements, must have been esity in order to meet the Job R			
School Name	Location	Dates Attended	Major	r/Minor	Type of Degree Received
Please list currently valid cer License/Certification Re	-	sional or vocational competence Issued by/Number			ation date.
License/Cerunication Ac	gisti audii 1 ype	Issueu by/Itumber		Lapir	allon Date
Other Job-Related Training:					
Course Title	Trair	ning Provider	Dates A	Attended	
_	Train	ning Provider	Dates A	ttended	
_	Train	ning Provider	Dates A	Attended	
_	Train	ning Provider	Dates A	Attended	
_	Train	ning Provider	Dates A	Attended	
_	Trai	ning Provider	Dates A	Attended	

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EMPLOYMENT HISTORY

Employed	Job Title:	Hourly or Annua	
From:	Employer:	Salary:	
TOIII.	Location:	Start:	
MM/DD/YEAR	Supervisor Name:		
'0:	Supervisor Title:	Hours per Week	
	Supervisor Phone No.:		
MM/DD/YEAR	Reason for Leaving:		
VIIVI/DD/ I LAK	Describe your duties:		
Employed	Job Title:	Hourly or Annua	
From:	Employer:	Salary:	
	Location:	Start:	
MM/DD/YEAR	Supervisor Name:	Hours per Weel	
To:	Supervisor Title:		
	Supervisor Phone No.:		
MM/DD/YEAR	Reason for Leaving:		
MM/DD/YEAR	•		
Employed	Reason for Leaving: Describe your duties: Job Title:	Hourly or Annua	
	Reason for Leaving: Describe your duties: Job Title: Employer:	Salary:	
Employed From:	Reason for Leaving: Describe your duties: Job Title: Employer: Location:	Salary: Start:	
Employed From: MM/DD/YEAR	Reason for Leaving: Describe your duties: Job Title: Employer: Location: Supervisor Name:	Salary:	
Employed From: MM/DD/YEAR	Reason for Leaving: Describe your duties: Job Title: Employer: Location: Supervisor Name: Supervisor Title:	Salary: Start:	
Employed From: MM/DD/YEAR Fo:	Reason for Leaving: Describe your duties: Job Title: Employer: Location: Supervisor Name: Supervisor Title: Supervisor Phone No.:	Salary: Start:	
Employed From: MM/DD/YEAR Fo:	Reason for Leaving: Describe your duties: Job Title: Employer: Location: Supervisor Name: Supervisor Title: Supervisor Phone No.: Reason for Leaving:	Salary: Start:	
Employed From:	Reason for Leaving: Describe your duties: Job Title: Employer: Location: Supervisor Name: Supervisor Title: Supervisor Phone No.:	Salary: Start:	
Employed From: MM/DD/YEAR Fo:	Reason for Leaving: Describe your duties: Job Title: Employer: Location: Supervisor Name: Supervisor Title: Supervisor Phone No.: Reason for Leaving:	Salary: Start:	
Employed From: MM/DD/YEAR Fo:	Reason for Leaving: Describe your duties: Job Title: Employer: Location: Supervisor Name: Supervisor Title: Supervisor Phone No.: Reason for Leaving:	Salary: Start:	
Employed From: MM/DD/YEAR Fo: MM/DD/YEAR Employed	Reason for Leaving: Describe your duties: Job Title: Employer: Location: Supervisor Name: Supervisor Title: Supervisor Phone No.: Reason for Leaving: Describe your duties:	Salary: Start: Hours per Weel	
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Employed From: MM/DD/YEAR Fo: MM/DD/YEAR Employed From: MM/DD/YR	Reason for Leaving: Describe your duties: Job Title: Employer: Location: Supervisor Name: Supervisor Title: Supervisor Phone No.: Reason for Leaving: Describe your duties: Job Title: Employer: Location:	Salary: Start: Hours per Weel Hourly or Annua Salary: Start:	
Employed From: MM/DD/YEAR Fo: MM/DD/YEAR Employed From: MM/DD/YR	Reason for Leaving: Describe your duties: Job Title: Employer: Location: Supervisor Name: Supervisor Phone No.: Reason for Leaving: Describe your duties: Job Title: Employer: Location: Supervisor Name:	Salary: Start: Hours per Weel Hourly or Annua Salary: Start:	
Employed From: MM/DD/YEAR Fo: MM/DD/YEAR	Reason for Leaving: Describe your duties: Job Title: Employer: Location: Supervisor Name: Supervisor Phone No.: Reason for Leaving: Describe your duties: Job Title: Employer: Location: Supervisor Name: Supervisor Name: Supervisor Name: Supervisor Title:	Salary: Start: Hours per Weel Hourly or Annua Salary: Start:	

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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.

a requi	nement.
1.	Knowledge of math such as addition, subtraction, multiplication, division, percentages, or decimals.
2.	Knowledge of customer service which includes providing prompt, accurate, and courteous service to customers, seeking information, answering requests as quickly as possible ensuring customers are satisfied with service, and responding to complaints.
3.	Knowledge of working with money and making change.
4.	Knowledge of using an automated information system to enter, update, modify, delete, retrieve/inquire and report on data.

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SUPPLEMENTAL JOB CONDITIONS FOR TOLL COLLECTOR

- 1. Knowledge of customer service which includes providing prompt, accurate, and courteous service to customers, seeking information, answering requests as quickly as possible, ensuring customers are satisfied with service, and responding to complaints.
- 2. Knowledge of working with money and making change.
- 3. Knowledge of math such as addition, subtraction, multiplication, division, percentages, or decimals.
- 4. Knowledge of using an automated information system to enter, update, modify, delete, retrieve/inquire and report on data.

In addition to the meeting the JOB REQUIREMENTS, all candidates for this position need the following requirements as well.

	• Are you willing and able to work in a booth under adverse weather and environmental conditions (i.e., hot, cold, rain, snow, exhaust fumes, etc.)? Yes No				
	• Are you willing and able to lift and carry bundles weighing up to thirty (30) pounds for short distances if required with or without an accommodation? Yes No				
• If there were to be a power outage, are your math skills sufficient to add and subtract without the aid of a calculator? Yes No					
• Are you willing and able to work weekends, holidays, shifts and overtime? Yes No					
• Are you able to deal tactfully with customers, responding to questions and when confronted by rude or irate people? Yes No					
Yes	I have read the SUPPLEMENTAL JOB CONDITIONS QUESTIONNAIRE. To the best of my knowledge, the answers I have provided are true and correct.				
Yes	Yes If offered the position of Toll Collector, I agree to accept the conditions indicated as part of the work requirements of the position.				

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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	Date
Accommodations are available for applicants with	ith disabilities in all phases of the application and
employment process. To request auxiliary aid or so	ervice, please call (302) 739-5458 for assistance. TDD
users should call the Delaware Relay Service Number	er 1-800-232-5460 for assistance.
An Faual Opp	ortunity Employer
An Equal Opp	portunity Employer

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