

**KENT CONSERVATION DISTRICT
800 BAY ROAD, SUITE 2
DOVER, DELAWARE 19901**

PERSONAL DATA:

PLEASE TYPE OR PRINT CLEARLY

NAME: _____ SOCIAL SECURITY NO. _____
(LAST) (FIRST) (M.I.)

ADDRESS: _____

TELEPHONE: Home: _____ Cell: _____ May we call you at work? ____ YES ____ NO

IF REQUIRED: DRIVERS LICENSE NUMBER: _____ TYPE: _____ EXPIRATION DATE: _____

PRESENT/PAST DISTRICT EMPLOYEE? YES _____ NO _____ INDICATE AGENCY _____

IF YOU ARE CLAIMING PREFERENCE AS A VETERAN OR AS THE UNREMARRIED WIDOW OF A DECEASED VETERAN, ATTACH A COPY OF YOUR DD 214 FORM. IF, YOU ARE ALSO CLAIMING PREFERENCE AS A DISABLED OR UNREMARRIED OF A DECEASED DISABLED VETERAN, INCLUDE YOUR VA DISABILITY LETTER AND CLAIM NUMBER.

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR CLASS A MISDEMEANOR? ____ No ____ IF YES, IDENTIFY TYPE OF OFFENSE, DATE AND LOCATION _____

POSITION APPLIED FOR: _____

EMPLOYMENT LOCATION(S) APPLIED FOR: NEW CASTLE _____ KENT _____ SUSSEX _____ CITY OF WILMINGTON _____

CHECK THE TYPE(S) OF EMPLOYMENT YOU WILL ACCEPT: ____ Permanent ____ Permanent Part-Time ____ Temporary

EDUCATION

NAME & LOCATION	DATES ATTENDED		TOTAL CREDITS EARNED	DIPLOMA OR DEGREE RECEIVED	MAJOR SUBJECT	MINOR SUBJECT
	MONTH & YEAR FROM	TO				
HIGH SCHOOL						
COLLEGE OF UNIVERSITY						
GRAD. SCHOOL (Transcripts may be required)						
OTHER						

SPECIAL SKILLS

LIST ANY EQUIPMENT WITH WHICH YOU ARE PROFICIENT AND OTHER SKILLS WHICH YOU POSSESS THAT ARE RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING. FOR EXAMPLE, SKILLS WITH MACHINES, BI-LINGUAL OR SIGN LANGUAGE.

LANGUAGE(S) OTHER THAN ENGLISH: _____ SPEAK _____ WRITE _____ UNDERSTAND _____

IF REQUIRE, STATE OF DELAWARE TYPING PROFICIENCY MUST BE ATTACHED.

LIST OTHER CURRENT LICENSES OR CERTIFICATES IF REQUIRED: _____

EMPLOYMENT HISTORY

THE INFORMATION YOU PROVIDE, IN ADDITION TO EDUCATION, WILL BE USED TO DETERMINE IF YOU MEET THE MINIMUM QUALIFICATIONS. GIVE A COMPLETE RECORD INCLUDING PART-TIME WORK, MILITARY SERVICE, AND VOLUNTEER EXPERIENCE. FOR PART-TIME AND VOLUNTEER EXPERIENCE, INDICATE NUMBER OF HOURS WORKED WEEKLY. INDICATE DATES, MONTH AND YEAR BEGINNING AND ENDING, FOR EACH POSITION HELD AND A THOROUGH DESCRIPTION OF DUTIES PERFORMED FOR EACH.

NAME ON EMPLOYMENT RECORDS/EDUCATIONAL RECORDS IF DIFFERENT FROM PRESENT NAME:

NAME OF EMPLOYER _____ ADDRESS _____
EMPLOYED (Month & Year) FROM _____ TO _____ ANNUAL PAY RATE: START _____ FINISH _____
REASON FOR LEAVING: _____ SUPERVISOR: _____
PHONE NO.: _____
_____ FULL-TIME JOB TITLE & DUTIES: _____
_____ PART-TIME _____
_____ Hrs. Per Wk. _____

NAME OF EMPLOYER _____ ADDRESS _____
EMPLOYED (Month & Year) FROM _____ TO _____ ANNUAL PAY RATE: START _____ FINISH _____
REASON FOR LEAVING: _____ SUPERVISOR: _____
PHONE NO.: _____
_____ FULL-TIME JOB TITLE & DUTIES: _____
_____ PART-TIME _____
_____ Hrs. Per Wk. _____

NAME OF EMPLOYER _____ ADDRESS _____
EMPLOYED (Month & Year) FROM _____ TO _____ ANNUAL PAY RATE: START _____ FINISH _____
REASON FOR LEAVING: _____ SUPERVISOR: _____
PHONE NO.: _____
_____ FULL-TIME JOB TITLE & DUTIES: _____
_____ PART-TIME _____
_____ Hrs. Per Wk. _____

CERTIFICATION

BEFORE SIGNING, READ THE FOLLOWING STATEMENT CAREFULLY: THIS APPLICATION IS TRUE AND COMPLETE, ANY FALSE INFORMATION MAY BE CAUSE FOR REJECTION OF APPLICATION. I AUTHORIZE THE RELEASE OF ANY INFORMATION FROM PREVIOUS EMPLOYERS OR CHARACTER REFERENCES.

I UNDERSTAND THAT IF I AM HIRED BY THE KENT CONSERVATION DISTRICT, THE DISTRICT SHALL REQUIRE VERIFICATION OF MY IDENTITY AND ELIGIBILITY FOR EMPLOYMENT IN THE UNITED STATES.

I CERTIFY THAT IF I AM A MALE, BORN AFTER JANUARY 1, 1960, IF REQUIRED TO REGISTER, I HAVE REGISTERED FOR SELECTIVE SERVICE. I UNDERSTAND THAT I MAY BE REQUIRED TO DOCUMENT REGISTRATION.

APPLICANT SIGNATURE _____ DATE _____

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

RETURN TO THE KENT CONSERVATION DISTRICT
YOU ARE RESPONSIBLE FOR SUBMITTING YOUR APPLICATION BY THE CLOSING DATE.

DELAWARE AFFIRMATIVE ACTION PROGRAM

It is the policy of the Kent Conservation District to assure equal and fair treatment in all aspects of employment for minorities: women, Vietnam Era Veterans and disabled Veterans, people with physical or mental disabilities and persons above the age of forty. All applicants, therefore, are requested to voluntarily provide the following information that is needed to document and assess the effectiveness of Delaware's Affirmative Action Program. This information will be detached and kept separately from your application and will not be used as a basis for employment decisions.

POSITION APPLIED FOR: _____

HOW DID YOU FIND OUT ABOUT THIS POSITION? _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

SEX: _____ MALE _____ FEMALE

RACE/ETHNICITY: ___ WHITE ___ BLACK ___ HISPANIC ___ AMERICAN INDIAN

___ ALASKAN NATIVE ___ ASIAN ___ PACIFIC ISLANDERS

QUESTIONS SHOULD BE DIRECTED TO
THE EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION
PROGRAM ADMINISTRATOR
OF THE STATE PERSONNEL OFFICE