

Please Return To:  
 City Manager's Office  
 City of Newark  
 220 Elkton Road  
 Newark, DE 19711



# APPLICATION FOR EMPLOYMENT

### EQUAL EMPLOYMENT OPPORTUNITY POLICY

We welcome you as an applicant for employment. Your application will be considered with others in competition for the position in which you are interested. It is the policy and intent of the City of Newark to provide equality of opportunity in employment to all persons. This policy prohibits discrimination because of race, color, religion, national origin, marital status, physical or mental disability, sex, or age (except when sex or age is bona fide occupational qualification) in all aspects of our personnel policies, programs, practices and operations.

This policy applies to all phases of full, part-time, temporary, and seasonal employment.

All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible employment by the City of Newark. Please furnish us with complete information as outlined in this application. You are encouraged to attach any additional information which you believe qualifies you for the position for which you are applying.

Please print in ink.

Title of position(s) applied for:	
1. _____	3. _____
2. _____	4. _____

### PERSONAL INFORMATION

Last Name		First Name		Middle Initial		Social Security #	
Address				City		State	Zip Code
Home Telephone Number ( ) ( )		Cell Phone Number ( ) ( )		Work Telephone Number ( ) ( )			
Birthdate: <u>Police Officer Applicants Only</u>				E-Mail Address			
Have you ever been convicted as an adult for a criminal violation? Yes <input type="checkbox"/> No <input type="checkbox"/>						Drivers Lic. No./State	
If yes, Date and Place		Nature of Offense			Disposition		

NAME

<b>PERSONNEL USE ONLY</b>	Date Received		By	

## EMPLOYMENT EXPERIENCE

Please list employers beginning with your present or most recent employer. Please be complete. You may also submit a personal resume along with this application.

1. Employer		Dates	
		From	To
Address			
Telephone (     )	Reason for Leaving		Wage Rate
			Start     Final
Supervisor/Title	May We Contact Yes <input type="checkbox"/> No <input type="checkbox"/>	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	
Job Title	Duties Performed		
2. Employer		Dates	
		From	To
Address			
Telephone (     )	Reason for Leaving		Wage Rate
			Start     Final
Supervisor/Title	May We Contact Yes <input type="checkbox"/> No <input type="checkbox"/>	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	
Job Title	Duties Performed		
3. Employer		Dates	
		From	To
Address			
Telephone (     )	Reason for Leaving		Wage Rate
			Start     Final
Supervisor/Title	May We Contact Yes <input type="checkbox"/> No <input type="checkbox"/>	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	
Job Title	Duties Performed		
4. Employer		Dates	
		From	To
Address			
Telephone (     )	Reason for Leaving		Wage Rate
			Start     Final
Supervisor/Title	May We Contact Yes <input type="checkbox"/> No <input type="checkbox"/>	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	
Job Title	Duties Performed		



**PERSONAL REFERENCES**

List three persons other than former employers or relatives who would have knowledge of your qualifications for the position for which you are applying.

NAME & OCCUPATION	ADDRESS	PHONE NUMBER
		(    )
		(    )
		(    )

PLEASE STATE BRIEFLY, IN YOUR OWN HANDWRITING, YOUR REASON FOR APPLYING FOR THIS POSITION.

Handwriting area with horizontal lines for providing reasons for applying.

I also certify that this application contains no willful misrepresentations or falsifications, and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentations or falsifications, my application may be rejected, my name may be removed from consideration, or I may be dismissed.

I authorize the City of Newark to conduct or participate in an investigation of my personal background, work history and police record as may be necessary to verify the information provided in my employment application and/or to determine my fitness to hold the position for which I have applied.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

