



COUNTY OF DELAWARE
 GOVERNMENT CENTER BUILDING
 201 WEST FRONT STREET
 MEDIA, PENNSYLVANIA 19063
 (610) 891-4852

COUNCIL
 BRIAN P. ZIDEK
 CHAIR
 DR. MONICA TAYLOR
 VICE CHAIR
 KEVIN M MADDEN
 ELAINE PAUL SCHAEFER
 CHRISTINE REUTHER

PERSONAL INFORMATION:

FULL NAME: _____ DATE: _____
 First Middle Last

ADDRESS: _____
 Street Address Apt/Suite

 City State Zip Code

E-MAIL: _____ PHONE: _____

SALARY EXPECTATIONS: \$ _____ HOUR SALARY

POSITION APPLIED FOR: _____

EMPLOYMENT DESIRED: FULL-TIME PART-TIME SEASONAL INTERN

EMPLOYMENT ELIGIBILITY:

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? YES NO

HAVE YOU EVER WORKED FOR THE COUNTY? YES NO

ARE YOU FLUENT IN ANOTHER LANGUAGE? YES* NO **If yes, please list:*

DRIVERS LICENSE: _____

HOW DID YOU HEAR ABOUT THIS JOB? _____

EDUCATION:

HIGH SCHOOL: _____

GRADUATE? YES NO

COLLEGE: _____

GRADUATE? YES NO MAJOR: _____

OTHER: _____

DEGREE/CERTIFICATION: _____

PERSONAL INFORMATION:

EMPLOYER 1: _____
 Company / Individual City, State

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

STARTING DATE: _____ END DATE: _____

JOB TITLE: _____ RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

EMPLOYER 2: _____
Company / Individual City, State

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

STARTING DATE: _____ END DATE: _____

JOB TITLE: _____ RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

EMPLOYER 3: _____
Company / Individual City, State

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

STARTING DATE: _____ END DATE: _____

JOB TITLE: _____ RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

REFERENCES (PROFESSIONAL ONLY):

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

E-MAIL: _____ PHONE: _____

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

E-MAIL: _____ PHONE: _____

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

E-MAIL: _____ PHONE: _____

The County of Delaware is an equal opportunity employer. The County of Delaware does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status, or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the County of Delaware to hire me. If I am hired, I understand that either the County of Delaware or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of the County of Delaware has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to the County of Delaware true and complete information on this application. No requested information has been concealed. I authorize the County of Delaware to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature: _____ **Date:** _____