

KENT COUNTY, DELAWARE APPLICATION FOR EMPLOYMENT

PRINT OR TYPE IN BLACK INK - These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "N/A". Be sure to sign when completed. You may make copies of this application and enter different position titles, but each copy must have an original signature. Resumes will not be accepted in lieu of applications.

Kent County is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

NAME (Last)	(First)	(Middle)	Social Security Number
MAILING ADDRESS (Street)			Home Phone Number
(City)	(State)	(Zip Code)	Work Phone Number (May we call you here?)

Please list any other names used if different from name given on application _____

LIST EXACT TITLE OF POSITION FOR WHICH YOU WISH TO APPLY:	MINIMUM SALARY DESIRED:
	\$

Have you ever been convicted of a felony? Yes No If your answer is "Yes", explain in concise detail on a separate sheet of paper, giving the date and nature of the offense, the name and location of the court, and the disposition of the case(s). A conviction may not disqualify you, but a false statement will. Note: Some positions require additional information relating to misdemeanor convictions or deferred adjudication.

EDUCATION (Note: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications and registrations.)

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate/achieve GED? Yes No

Type of School	Name & Location of School	Dates Attended		# Semester Hours Completed	Graduated?		Expected Graduation Date	Type of Diploma or Degree	Major/Minor Field of Study
		From	To		Yes	No			
Undergraduate College(s) or University(s)									
Graduate School (s)									
Technical, Vocational or Business School(s)									

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

LICENSE CERTIFICATION	Date Issued	Issued By (State or Authority)	License No.	Location of Issuing Authority (City/State)

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EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summary of experience should clearly describe your qualifications. A resume may be attached, but not substituted for the requested information.

1. Include ALL employment. Begin with your current or last position and work back to your first.
2. Employment history should include each position held, even those with the same employer.
3. Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position you have held.

If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a type written history providing the same information in the same format as the application form.

NAME OF EMPLOYER (Current/Last)		ADDRESS		TELEPHONE NUMBER
EMPLOYED (Mo. & Yr.)		PAY RATE	REASON FOR LEAVING	SUPERVISOR
From _____	To _____	Start _____	Finish _____	
Full time 9	JOB TITLE & RESPONSIBILITIES (Use additional pages if necessary)			
Part time 9				
Temporary 9				

NAME OF EMPLOYER		ADDRESS		TELEPHONE NO.
EMPLOYED (Mo. & Yr.)		PAY RATE	REASON FOR LEAVING	SUPERVISOR
From _____	To _____	Start _____	Finish _____	
Full time 9	JOB TITLE & RESPONSIBILITIES (Use additional pages if necessary)			
Part time 9				
Temporary 9				

NAME OF EMPLOYER		ADDRESS		TELEPHONE NUMBER
EMPLOYED (Mo. & Yr.)		PAY RATE	REASON FOR LEAVING	SUPERVISOR
From _____	To _____	Start _____	Finish _____	
Full time 9	JOB TITLE & RESPONSIBILITIES (Use additional pages if necessary)			
Part time 9				
Temporary 9				

NAME OF EMPLOYER		ADDRESS		TELEPHONE NUMBER
EMPLOYED (Mo. & Yr.)		PAY RATE	REASON FOR LEAVING	SUPERVISOR
From	To	Start	Finish	
Full time <input type="checkbox"/>	JOB TITLE & RESPONSIBILITIES (Use additional pages if necessary)			
Part time <input type="checkbox"/>				
Temporary <input type="checkbox"/>				

NAME OF EMPLOYER		ADDRESS		TELEPHONE NUMBER
EMPLOYED (Mo. & Yr.)		PAY RATE	REASON FOR LEAVING	SUPERVISOR
From	To	Start	Finish	
Full time <input type="checkbox"/>	JOB TITLE & RESPONSIBILITIES (Use additional pages if necessary)			
Part time <input type="checkbox"/>				
Temporary <input type="checkbox"/>				

NAME OF EMPLOYER		ADDRESS		TELEPHONE NUMBER
EMPLOYED (Mo. & Yr.)		PAY RATE	REASON FOR LEAVING	SUPERVISOR
From	To	Start	Finish	
Full time <input type="checkbox"/>	JOB TITLE & RESPONSIBILITIES (Use additional pages if necessary)			
Part time <input type="checkbox"/>				
Temporary <input type="checkbox"/>				

MILITARY SERVICE (A copy of DD214 report from the Armed Services may be required).

Dates of Service (From/To) _____ Branch _____

SPECIAL SKILLS/QUALIFICATIONS

Do you type? Yes No _____ WPM; Do you speak a language in addition to English? Please List _____

List any equipment or machines with which you are proficient _____

List any computer software with which you are proficient _____

KENT COUNTY, DELAWARE

PERSONNEL OFFICE

Robert W. O'Brien Building, Room 205
 414 Federal Street, Dover, Delaware 19901
 (302) 744-2310, Fax (302) 736-2262
www.co.kent.de.us

THANK YOU for considering employment with Kent County. Our highly professional organization is committed to public

service and meeting the needs of our citizens and visitors. We hope you find our extensive application process to be uncomplicated. Depending on the number of applications and any examination requirements, we strive to complete the entire hiring process within one month of the position closing. The County selects the best and most qualified candidate for each vacancy, without regard to familial or political affiliation or influence. If you have questions about Kent County's hiring procedures, please contact us.

Personnel Director

- * Mail or bring your completed application to the Kent County Personnel Office at the address listed above. The Personnel Office cannot be responsible for applications sent directly to departments, individuals or other public or private agencies.
- * Applications are only accepted for vacant positions. All applications are retained for a period of one calendar year from date of receipt. If you are interested in a future vacancy, you may contact the Personnel Office and request submission of this application.
- * Employees of Kent County are at will and may resign their employment at any time, although at least two weeks notice is required for payment of accrued vacation time, and may be terminated as provided in the Kent County Code, ordinances, and/or policies.
- * Kent County is an equal opportunity employer and will not discriminate against any employee or applicant for employment in a manner that violates the law. Accommodations are available for applicants with disabilities in all phases of the application and employment process. Contact the Personnel Office for an auxiliary aid or service.
- * Kent County maintains a drug free workplace and will not tolerate the use, possession or distribution of illegal substances. Employees must abide by the County's drug free workplace policy.
- * Kent County requires all offers of employment to be extended with the following conditions: the prospective employee must pass a criminal background investigation and a drug & alcohol use/abuse screening procedure.
- * Kent County requires all male applicants born after January 1, 1960 to be registered with Selective Service.

READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING:

I AFFIRM THIS APPLICATION CONTAINS NO MISREPRESENTATION 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 MISREPRESENTATION OR FALSIFICATION, MY APPLICATION WILL BE REJECTED OR, IF EMPLOYED BY THE COUNTY, I MAY BE TERMINATED FROM EMPLOYMENT. I CERTIFY THAT IF I AM MALE, BORN AFTER JANUARY 1, 1960, I HAVE REGISTERED FOR SELECTIVE SERVICE AND MAY BE REQUIRED TO DOCUMENT REGISTRATION. I UNDERSTAND THAT I MUST PASS A CRIMINAL BACKGROUND INVESTIGATION AND PASS TESTING FOR ALCOHOL AND SUBSTANCE USE/ABUSE, AS A CONDITION OF EMPLOYMENT. I ALSO UNDERSTAND THAT DIRECT DEPOSIT OF PAY IS A CONDITION OF EMPLOYMENT. I UNDERSTAND THAT IF I AM EMPLOYED, I WILL SERVE AN INTRODUCTORY PERIOD OF PROBATION OF AT LEAST SIX (6) MONTHS AND SUBJECT TO TERMINATION WITHOUT RIGHT OF APPEAL. I FURTHER AUTHORIZE ANY AND ALL OF MY CURRENT OR PREVIOUS EMPLOYERS, ASSOCIATES, OR REFERENCES TO GIVE THE DIRECTOR OF PERSONNEL OR ANY COUNTY OFFICE/DEPARTMENT ANY INFORMATION CONCERNING MY EMPLOYMENT RECORD OR CHARACTER. FINALLY, I AUTHORIZE THAT COPIES OF THIS APPLICATION MAY BE FURNISHED TO INTERESTED COUNTY OFFICES/DEPARTMENTS.

SIGNATURE OF APPLICANT

DATE

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THIS PAGE WILL BE DETACHED FROM THE APPLICATION FORM UPON SUBMISSION
AND ONLY USED FOR AUTHORIZED PURPOSES.

AUTHORIZATION TO RELEASE INFORMATION
AND
CONDUCT CRIMINAL BACKGROUND INVESTIGATION

As a candidate for a position in the Kent County, Delaware government, I am required to furnish information for use in determining my qualifications. For that purpose, I authorize the release of any and all information that you may have concerning me, including information of a confidential or privileged nature.

I hereby authorize the Kent County government and its representatives to conduct a criminal background investigation and provide information below to assist in that investigation. I understand that I will need to be fingerprinted to complete this investigation.

I hereby release you, your organization, and others from liability or damage which may result from furnishing or receiving the information requested.

NAME (Printed): _____
DATE: _____

SIGNATURE: _____

SOCIAL SECURITY #: _____
DRIVER'S LICENSE #: _____
STATE ISSUED: _____
BIRTH DATE: _____

CURRENT ADDRESS: _____

PREVIOUS ADDRESS: _____

We are required to keep information on applicant sex, race, and ethnic background in compliance with federal law. This information will be detached and kept separately from your application. It will not be used as a basis for making employment decisions. Your cooperation is greatly appreciated.

Position(s) applied for: _____
Your Social Security Number: _____ Your Birth date: _____
Your Race or National Origin: White Black Hispanic Indian or Alaskan Native Asian or Pacific Islanders
Are you handicapped? _____ No _____ Yes - Explain extent of handicap: _____