



**City of New Castle, Delaware**  
*An Equal Opportunity Employer*

**Employment Application**

220 Delaware Street  
New Castle, DE 19720

**You are required to attach a copy of your driver's license to this application**

[www.newcastlecity.delaware.gov](http://www.newcastlecity.delaware.gov)

*Please PRINT and use black or blue ink.*

**Personal Information**

Name:			SSN:
Address:			Home Telephone: ( )
City:	State:	Zip:	Other Telephone: ( )
E-Mail:			

Are you eligible to work in the United States?  Yes  No

Are you or have you been employed with the City?  
 Yes  No

Currently Employed From: / /

Previously employed From: / / To: / /

**Position Applied For:**

**Education**

Did you graduate High School or achieve a GED?  Yes  No

Name of School	Specialty or Major	Degree Earned/Date

**Training/Skills**

Are you a Delaware licensed driver?  Yes  No

Type of license:  Class D  CDL  Other \_\_\_\_\_

Delaware Driver's License Number: \_\_\_\_\_

List training/skills which would qualify you for the position you seek.

**Application Source – How did you hear about this job vacancy?**

Walk-in

Newspaper

City employee Name of City employee: \_\_\_\_\_

Referral Referred by: \_\_\_\_\_

Other

**Are you related to anyone currently employed by the City? If so, please list name(s) and relationship(s) below.**

## Employment History

List all employment, including military service. Begin with your present or most recent job and work back. Add sheets as needed.

Job Title:	Supervisor Name/Title:	
Employer:	Number of Employees Supervised:	
Address:	Employment Dates: (Month, Year)	
City, State, Zip:	From:	To:
Employer Telephone: ( )	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Salary: \$
Description of Work:*	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

\*A résumé may be attached in lieu of completing the "Description of Work" section.

Reason for leaving:

Job Title:	Supervisor Name/Title:	
Employer:	Number of Employees Supervised:	
Address:	Employment Dates: (Month, Year)	
City, State, Zip:	From:	To:
Employer Telephone: ( )	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Salary: \$
Description of Work:*	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Reason for leaving:

## Employment History (cont.)

Job Title:	Supervisor Name/Title:	
Employer:	Number of Employees Supervised: /	
Address:	Employment Dates: (Month, Year)	
City, State, Zip:	From:	To:
Employer Telephone: (    )	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Salary: \$
Description of Work:*	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving:		

### Background

Have you ever been convicted of a felony, misdemeanor, or any other crime or been subject of deferred adjudication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain. (Omit convictions for minor traffic citations unless the position for which you are applying requires the operation of a motor vehicle. Conviction will not result in automatic disqualification for employment, however a false statement or an omission will disqualify you. The seriousness of the crime, the date of conviction and the relevance of the crime to the position will be considered.)		

### Section to be Completed by Persons Applying for a Position Requiring a Commercial Drivers' License (CDL)

Have you ever tested positive for drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Subsequent to any positive test(s), did you complete the SAP program and successfully follow-up with the minimum six negative drug tests?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, list the employer(s) for whom you were working at the time of the positive test(s).		

I hereby certify that all entries on this Employment Application and attachments are true and complete. I agree and understand that any falsification of information, regardless of time of discovery, may cause forfeiture on my part of any employment with the Mayor and Council of New Castle. I also consent that you may contact my references, former employers and educational institutions listed on this Application.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**For Official City Use Only**

Interview Date: \_\_\_\_\_ Name of Interviewer(s) \_\_\_\_\_

Use the space below for additional notes.

Rev. Date: 9/17/07