

# Town of Milton

115 Federal Street  
Milton, DE 19968



[www.ci.milton.de.us](http://www.ci.milton.de.us)

Phone: 302-684-4110

Fax: 302-684-8999

## APPLICATION FOR EMPLOYMENT

(Please print and complete in full)

Position(s) Applied for:	Date of Application:

Will you accept (circle all that apply):			
Permanent	Temporary	Full-time	Part-time

How did you learn about us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative/Friend	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Internet	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Other

Last Name	First Name	Middle Name

Address	City	State	Zip

Telephone Number(s)	Social Security Number

Driver's License (State)	Type/#	Expiration

Best time to contact you: \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before? Date: \_\_\_\_\_  Yes  No

Have you ever been employed with us before? Date: \_\_\_\_\_  Yes  No

Do any of your friends or relatives work here?  Yes  No

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Date available for work: \_\_\_\_\_ What is your desired salary range? \_\_\_\_\_

## Education

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(Please Print and complete in full)

Name & Address of School	Course of Study	Years Completed	Diploma/Degree

Describe any specialized training, apprenticeship, skills, certificates, and extra-curricular activities that relate to this position:


Describe any computer skills:


Other:


## Employment History

(Start with your present/last job. Please print and complete in full.)

Employer & Address		Dates Employed	
		From	To
Telephone Number(s)		Hourly Rate/Salary	
		From	To
Job Title	Supervisor		
<input type="checkbox"/> Full-time	Reason for Leaving:		
<input type="checkbox"/> Part-time			
Work Performed:			

Employer & Address		Dates Employed	
		From	To
Telephone Number(s)		Hourly Rate/Salary	
		From	To
Job Title	Supervisor		
<input type="checkbox"/> Full-time	Reason for Leaving:		
<input type="checkbox"/> Part-time			
Work Performed:			

Employer & Address		Dates Employed	
		From	To
Telephone Number(s)		Hourly Rate/Salary	
		From	To
Job Title	Supervisor		
<input type="checkbox"/> Full-time	Reason for Leaving:		
<input type="checkbox"/> Part-time			
Work Performed:			

**Employment History (continued)**

(Please print and complete in full.)

Employer & Address		Dates Employed	
		From	To
Telephone Number(s)		Hourly Rate/Salary	
		From	To
Job Title	Supervisor		
<input type="checkbox"/> Full-time	Reason for Leaving:		
<input type="checkbox"/> Part-time			
Work Performed:			

Employer & Address		Dates Employed	
		From	To
Telephone Number(s)		Hourly Rate/Salary	
		From	To
Job Title	Supervisor		
<input type="checkbox"/> Full-time	Reason for Leaving:		
<input type="checkbox"/> Part-time			
Work Performed:			

Employer & Address		Dates Employed	
		From	To
Telephone Number(s)		Hourly Rate/Salary	
		From	To
Job Title	Supervisor		
<input type="checkbox"/> Full-time	Reason for Leaving:		
<input type="checkbox"/> Part-time			
Work Performed:			

### Additional Information

(Please print and complete in full.)

State any additional information you feel may be helpful to us in considering your application:


Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? (NOTE: Only answer if you have been informed of the requirements of the job for which you are applying)  Yes  No

A criminal background check is required and is a part of this application.

Any security clearance will be based on agency requirements.

Direct deposit of paychecks is a condition of employment for all new employees.

If you are claiming preferences as a Veteran or the un-remarried widow or widower of a deceased veteran, attach a copy of your DD214 form. If you are also claiming preference as a disabled veteran or un-remarried widow or widower of a deceased disabled veteran, include your VA disability letter and claim number.

### References

(Please print and complete in full.)

1.	_____	_____
	Name	Phone
	_____	
	Address	

2.	_____	_____
	Name	Phone
	_____	
	Address	

3.	_____	_____
	Name	Phone
	_____	
	Address	

## Certification

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(Please read the following statement carefully.)

I certify that the answers given herein are true and complete. Any false or substantive omission of information given in my application or interview(s) may be cause for rejection, or dismissal if employed by the Town of Milton. I authorize the release of any information from previous employers or references. Further, understand that I am required to abide by all rules and regulations of the employer.

I understand that if I am hired by the Town of Milton, the Town shall require verification of identity and eligibility for employment in the United States.

I certify that if I am male, born after January 1, 1960, I have registered for Selective Service if required to register. I understand that I may be required to document registration.

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Signature of Applicant

Date

*NOTE: This application for employment shall be considered active for a period of time not to exceed 180 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.*

**TM Form 027** Created 10/9/2007

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## CRIMINAL BACKGROUND CHECK WAIVER

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The purpose of this form is to notify you that a criminal history check will be run on you in the course of consideration for employment with:

Company Name: Town of Milton

.....

By signing this waiver I hereby authorize a review and disclosure of all records, or any part thereof, relating to me to an authorized agent of the Town of Milton. Whether the records are of a public, private, or confidential nature, and even if the information released is derogatory in nature.

The intent of this authorization is to give my consent for full and complete disclosure of all records of educational institutions; financial or credit institutions (including records of deposit, withdrawals, and balances of checking accounts, savings accounts, and loans) and the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records (including background reports and polygraph examination results, efficiency ratings, complaints or grievances filed by or against me, internal affairs investigations/reports, and salary records; real and personal property records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law (including criminal and/or traffic records); records of complaints of a civil nature made by or against me, where-so-ever located, and to include the records and recollections of attorneys at law, or other counsel, whether representing me or another person in any case in which I presently have, or have had, and interest.

I emphasize the intent of this authorization is to provide full and free access to my personal life for the specific purpose of a background investigation to provide pertinent data for the Town of Milton to determine my suitability for employment by the Town of Milton. It is my specific intent to provide access to personal information, or copies of information, however personal or confidential they may appear to be, as well as the sources of that information identified therein.

I understand any information obtained by a personal history background investigation developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Town of Milton.

I agree to indemnify and hold harmless the person, to whom this request is presented, and his agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees, arising from or complying with this request.

I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me. A photocopy of this release will be as valid as an original, even though the photocopy does not contain an original writing of my signature \_\_\_\_\_ (please initial).

**Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

**Maiden Name:** \_\_\_\_\_

**Social Security #** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_

**Driver's License #** \_\_\_\_\_ **State of Issue** \_\_\_\_\_

Present Address \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

In connection with this request, I authorize all corporations, former employers, educational institutions, law enforcement agencies, city, state, county, and federal courts, military services and persons to release information they may have about me to the person or company with which this form has been filed or their agent, Quick Search. This releases the aforesaid parties from any liability and responsibility for collecting any information.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

On this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me a notary public, the abovementioned property owner personally appeared at Town Hall and has satisfactorily proven to be the person whose name is provided as property owner within this document.

In witness hereof, I hereunto set my hand and official seal.

\_\_\_\_\_  
Notary Public

Quick Search, 4155 Buena Vista, Dallas, TX 75204  
PHONE: (214) 358-2840 FAX: (214) 358-6057  
www.quicksi.com