

EMPLOYMENT APPLICATION

P	os	ITIO	N	τιτι	_E:										
Applicant Name:					(Last)			(First)				(Middle)			
Address:					(Street)						(City)	(State)	(Zip)	
Phone (Home):				e):								_Phone (Alternate):	:		
Er	nail	Add	Ires	s:											
-	-		-	-		sired?		Full-Time		Part-Time		Temporary 🗖 Se	easonal		
					start:					Preferred	Sala	nry:			
W	hat	abou	ut ti	his p	ositio	n interests	s you	::							
	Y	es		J No	C	Are you cu	urrer	ntly employ	ed?						
	Ye	es		J No	D	Have you ever applied to, or been employed by the City of Wilmington?									
	Ye	es		J No	C	Are you at least 18 years of age?									
	Ye	es		J No	C	Do you have a legal right to work in the United States?									
	Y	es		J No	C	Have you ever been discharged from employment? If yes, please explain:									
E	EDUCATION														
					Nan	ne/Locatio	n					Years Attended	Graduate	ed?	Degree Obtained
Hi	High School									_					
College/University										_					
Gr	Graduate School										_				
Tra	ade	Scho	ool												
											-			_	



OTHER SKILLS OR INTERESTS

List any other special skills/training:							
Activities (Civic, Athletic, etc):							
U.S. Military Service / Rank:							

PREVIOUS EMPLOYMENT

1.	Position Held:	Dates of Employment:		
	Company Name:			From:
	Address:			То:
	City, State Zip:			
	Phone:			
	May we contact this employer for a reference?	Yes	🗖 No	
	Responsibilities:			
	Reason for Leaving:			
_				
2.	Position Held:			Dates of Employment:
	Company Name:			From:
	Address:			То:
	City, State Zip:			
	Phone:			
	May we contact this employer for a reference?	Yes	🗖 No	
	Responsibilities:			
	Reason for Leaving:			



3.	Position Held:			Dates of Employment:
	Company Name:			From:
	Address:			То:
	City, State Zip:			
	Phone:			
	May we contact this employer for a reference?	Yes	J No	
	Responsibilities:			
	Reason for Leaving:			

REFERENCES

Give the names of three persons not related to you, whom you have known professionally at least three years.

	Name	Occupation	Relationship	Phone Number	Years Acquainted
1.					
2.					
3.					
DF	RIVING EXPERIENCE				
Dri	vers License No.:		State:	Expires:	
Sn	ecial Licenses Held:				

I hereby certify that every statement I have made on this application for employment is true and complete to the best of my knowledge. I understand that any false or incomplete answer may be grounds for not employing me or dismissing me after I begin work. I understand that I will have to produce documentation verifying identity and employment eligibility in the U.S. I understand that I may be required to verify any and all information given on this application. I understand that this completed document is the property of the City of Wilmington and will not be returned. I understand that the City of Wilmington may contact prior employers and other references. I understand if the City of Wilmington finds that I am qualified for a position and has scheduled an interview with myself, the City has the right to conduct a complete background check for employment that may include a criminal background check, credit check, driver's license check, education and employment verifications, and the like, and I give my consent to such background check by my signature below.

SIGNATURE OF APPLICANT:

DATE: