

# C.E.R.T.S.

## Employment Application

**Instructions: Complete form, then SAVE it to email or PRINT to fax or mail.**

**Attach resume if you have one.**

Answer all questions.

NAME (Last, First, Middle)

[Click here to enter text.](#)

PHONE NO.

[\(Click here to enter text.\)](#)

ADDRESS (Number and Street, City, State, Zip Code)

[Click here to enter text.](#)

EMAIL ADDRESS

[\(Click here to enter text.\)](#)

POSITION DESIRED

[Click here to enter text.](#)

Full-time

Part-time

Temporary

LOCATION DESIRED

New Castle County

Kent County

HAVE YOU WORKED FOR C.E.R.T.S. BEFORE? Yes  No

IF UNDER AGE 18, DO YOU HAVE A CERTIFICATE OF AGE OR EMPLOYMENT? Yes  No  N/A

DO YOU HAVE A VALID DRIVER'S LICENSE? Yes  No

IS YOUR DRIVING RECORD CLEAR? Yes  No

(Clear = four or fewer points, no DUI's in past five years and no suspensions in the past year)

A copy of your DMW driving record is mandatory prior to being hired.

## EDUCATION

	NAME AND ADDRESS OF SCHOOL	MAJOR	DEGREE/ DIPLOMA
High School	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
College	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
Trade school, other	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>

## **SPECIAL SKILLS AND QUALIFICATIONS:** List job-related licenses, skills, training, honors, awards, and special accomplishments

[Click here to enter text.](#)

## **EMPLOYMENT HISTORY:** (START WITH PRESENT OR LAST POSITION)

**Employer:** [Click here to enter text.](#)

**Position Title:** [Click here to enter text.](#)

**Address:** [Click here to enter text.](#)

**Supervisor:** [Click here to enter text.](#)

**Phone:** [Click here to enter text.](#)

**From:** [Click here to enter a date.](#)      **To:** [Click here to enter a date.](#)

**Duties:** [Click here to enter text.](#)

**Reason for leaving:** [Click here to enter text.](#)

**Employer:** Click here to enter text.

**Position Title:** Click here to enter text.

**Address:** Click here to enter text.

**Supervisor:** Click here to enter text.

**Phone:** Click here to enter text.

**From:** Click here to enter a date.      **To:** Click here to enter a date.

**Duties:** Click here to enter text.

**Reason for leaving:** Click here to enter text.

**Employer:** Click here to enter text.

**Position Title:** Click here to enter text.

**Address:** Click here to enter text.

**Supervisor:** Click here to enter text.

**Phone:** Click here to enter text.

**From:** Click here to enter a date. **To:** Click here to enter a date.

**Duties:** Click here to enter text.

**Reason for leaving:** Click here to enter text.

**MAY WE CONTACT YOUR PRESENT EMPLOYER?**

Yes  No

**REFERENCES: (EXCLUDE RELATIVES AND FORMER EMPLOYERS)**

	<b>Name/Title</b>	<b>Address and Phone No.</b>	<b>Occupation</b>
1.	Click here to enter text.	Click here to enter text.	Click here to enter text.
2.	Click here to enter text.	Click here to enter text.	Click here to enter text.
3.	Click here to enter text.	Click here to enter text.	Click here to enter text.

I hereby authorize C.E.R.T.S. to provide information regarding my employment with C.E.R.T.S. to any future potential employer who requests such information as part of a background check. This information includes, but is not limited to, positions held, salary, performance, attendance, and disciplinary information. I release C.E.R.T.S. and any person acting on behalf of C.E.R.T.S. from all claims and liability for damages that may result to me on account of compliance or any attempts to comply with this authorization. C.E.R.T.S. will retain this authorization and release in my personnel file.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT ANY FALSE INFORMATION ON THIS APPLICATION MAY BE GROUNDS FOR NOT HIRING ME.

DATE: Click here to enter a date. SIGNATURE \_\_\_\_\_

COMPLETE FORM, PRINT OUT AND FAX TO (302) 731-0201

OR PRINT AND MAIL TO: C.E.R.T.S. 52 READS WAY, NEW CASTLE, DE 19720