

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)

PHONE NO.

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

EMAIL ADDRESS

POSITION DESIRED

LOCATION DESIRED

Full-time

Part-time

Temporary

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			
College			
Trade school, other			

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

EMPLOYMENT HISTORY: (START WITH PRESENT OR LAST POSITION)

Employer:

Position Title:

Address:

Supervisor:

Phone:

From:

To:

Duties:

Reason for leaving:

Employer:

Position Title:

Address:

Supervisor:

Phone:

From:

To:

Duties:

Reason for leaving:

Employer:

Position Title:

Address:

Supervisor:

Phone:

From:

To:

Duties:

Reason for leaving:

MAY WE CONTACT YOUR PRESENT EMPLOYER?

Yes No

REFERENCES: (EXCLUDE RELATIVES AND FORMER EMPLOYERS)

Name/Title Address and Phone No. Occupation

- 1.
- 2.
- 3.

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: _____ 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