



City of Wilmington Delaware

FOR HUMAN RESOURCES USE ONLY

MQ's _____ Yes No

Comments: _____

Rater: _____

Date: _____

EMPLOYMENT APPLICATION

Please Type or Print Clearly

POSITION DESIRED: _____ **ANNOUNCEMENT #:** _____

NAME: _____ **SOCIAL SECURITY NO.** _____
(Last) (First) (MI)

ADDRESS: _____
(Street) (City) (State) (Zip Code)

TELEPHONE: Home: _____ Work: _____ Cell: _____ Email: _____
May we call you at work? Yes No

IN CASE OF EMERGENCY NOTIFY: _____
(Name) (Phone)

Have you ever been convicted of a Felony? Yes No If yes, Identify Type of Offense, Date and Location: _____

Can you, after employment, submit verification of your legal right to work in the United States? Yes No

Have you applied for this position within the last six months? Yes No Check the Type(s) of Employment: Regular Part-Time Seasonal
 Education Intern Temporary

Have you ever been employed by the City? Yes No If yes, when: _____

If under age 18, can you furnish a work permit? Yes No If no, explain: _____

If a license or certificate is a requirement of this position, give the following information:

Title: _____ State: _____ Class: _____
 Date Issued: _____ Date Expired: _____
 Driver's License Number: _____ CDL Class: _____

Languages other than English spoken: _____

EDUCATION

CHECK HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7
(College) (Grad)

DO YOU HAVE A HIGH SCHOOL EQUIVALENCY CERTIFICATE (GED)? Yes No

	NAME AND LOCATION	DATES ATTENDED Month & Year From To		GRADE POINT AVERAGE	DIPLOMA OR DEGREE RECEIVED	MAJOR SUBJECT	MINOR SUBJECT
High School							
College or University							
Grad School (Transcripts may be required)							
Other							

An Equal Opportunity Employer

EMPLOYMENT EXPERIENCE

THE INFORMATION YOU PROVIDE, ALONG WITH EDUCATION, WILL BE USED TO ASSIST IN DETERMINING IF YOU MEET THE MINIMUM QUALIFICATIONS AND PLACEMENT ON THE REGISTER FOR THE POSITION YOU ARE SEEKING. GIVE A COMPLETE RECORD: PART-TIME WORK, MILITARY SERVICE, AND VOLUNTEER EXPERIENCE MAY BE INCLUDED. FOR PART-TIME OR VOLUNTEER WORK, INDICATE NUMBER OF HOURS WORKED WEEKLY. INDICATE DATES (MONTH AND YEAR BEGINNING AND ENDING) OF EACH POSITION HELD AND A DESCRIPTION OF DUTIES PERFORMED FOR EACH. EMPLOYMENT RECORD SHOULD BE RELATIVE TO DESIRED POSITION.

NAME ON EMPLOYMENT RECORDS/EDUCATIONAL RECORDS IF DIFFERENT FROM PRESENT.

NAME: _____

EMPLOYMENT EXPERIENCE -- START WITH YOUR PRESENT OR LAST JOB

NAME OF EMPLOYER _____ ADDRESS _____
EMPLOYED (Month & Year) FROM _____ TO _____ ANNUAL PAY RATE: START _____ FINISH _____
REASON FOR LEAVING: _____ SUPERVISOR: _____
PHONE NO: _____

FULL-TIME JOB TITLE AND DUTIES: _____
 PART-TIME _____
 Hrs. Per Week _____

NAME OF EMPLOYER _____ ADDRESS _____
EMPLOYED (Month & Year) FROM _____ TO _____ ANNUAL PAY RATE: START _____ FINISH _____
REASON FOR LEAVING: _____ SUPERVISOR: _____
PHONE NO: _____

FULL-TIME JOB TITLE AND DUTIES: _____
 PART-TIME _____
 Hrs. Per Week _____

NAME OF EMPLOYER _____ ADDRESS _____
EMPLOYED (Month & Year) FROM _____ TO _____ ANNUAL PAY RATE: START _____ FINISH _____
REASON FOR LEAVING: _____ SUPERVISOR: _____
PHONE NO: _____

FULL-TIME JOB TITLE AND DUTIES: _____
 PART-TIME _____
 Hrs. Per Week _____

NAME OF EMPLOYER _____ ADDRESS _____
EMPLOYED (Month & Year) FROM _____ TO _____ ANNUAL PAY RATE: START _____ FINISH _____
REASON FOR LEAVING: _____ SUPERVISOR: _____
PHONE NO: _____

FULL-TIME JOB TITLE AND DUTIES: _____
 PART-TIME _____
 Hrs. Per Week _____

NAME OF EMPLOYER _____ ADDRESS _____
EMPLOYED (Month & Year) FROM _____ TO _____ ANNUAL PAY RATE: START _____ FINISH _____
REASON FOR LEAVING: _____ SUPERVISOR: _____
PHONE NO: _____

FULL-TIME JOB TITLE AND DUTIES: _____
 PART-TIME _____
 Hrs. Per Week _____

QUALIFICATIONS SUMMARY

In the space provided below, summarize your education, training, and experience relative to the qualifications and selective requirements as described on the job announcement.

USE ADDITIONAL PAGES IF NECESSARY

MILITARY

Present Classification: _____ Reserve Status: Active Inactive Other

U.S. Military Service USA - USN - USAF - USMC - etc.	Branch Specialty	ACTIVE DUTY DATES		Rate/Rank
		From	To	

Reason for Leaving: _____

PROFESSIONAL REFERENCES

NAME	BUSINESS RELATIONSHIP	TELEPHONE	YEARS KNOWN
1.			
2.			
3.			

INFORMATION FOR APPLICANTS

HOW TO APPLY – Applications for employment should be submitted on official application forms to the Department of Human Resources, City/County Building, 800 French Street, Fourth Floor, Wilmington, Delaware 19801. Applications may be faxed to (302) 571-4298 or emailed to WilmJobs@WilmingtonDE.gov. Submit one application for each position announced for which you feel you are qualified. It is your responsibility to submit your applications by the closing date and to keep your application up to date.

An application may be rejected if not complete or if not filed prior to the closing date specified on the job vacancy announcement. An applicant whose application is rejected shall be notified of such rejection.

ELIGIBLE LISTS – Applicants who meet certain requirements and who are successful in the phases of the examination process may be placed on an eligible list for six months. Applicants should not assume that receiving a notice of eligibility assures employment.

ADA – Accommodations are available for applicants with disabilities in all phases of the application and employment process.

FOR FURTHER INFORMATION – Call or visit the Department of Human Resources in the City/County Building, Fourth Floor, 800 French Street, Wilmington, Delaware 19801 (302) 576-2460.

TERMS AND CONDITIONS OF EMPLOYMENT (Please read carefully before signing)

Ownership of Work Product. I understand that except as is otherwise specified all copyrights, patents, trade secrets, or other intellectual property rights associated with any works of authorship, ideas, concepts, techniques, or inventions developed or created during the course of performing services (collectively, the “Work Product”) shall belong exclusively to the City of Wilmington and shall, to the extent possible, be considered a work made for hire for the City of Wilmington within the meaning of Title 17 of the United States Code. All copyrights or other intellectual property rights pertaining thereto are automatically assigned without any requirement of further consideration to the City of Wilmington.

I understand that all City employees are required to be residents of the City and that if hired, I am required to obtain City residency within six (6) months of my date of hire and maintain residency for five (5) years of employment. It will be my responsibility to keep the Department of Human Resources advised of any changes of my address and telephone number.

I acknowledge and understand that medical certification is required for employment, per Section 40-54 of the Wilmington City Code. I understand that if I am selected for employment, I must pass a medical examination given by a physician designated by the Department of Human Resources. I understand that I will be required to sign a consent form for the drug screening urinalysis as part of the examination. I also understand that failure to pass either the medical certification or the drug screening urinalysis will result in my not being hired, or subsequently terminated.

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

I understand that I must successfully complete a probationary period before acquiring regular status.

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

APPLICANT’S SIGNATURE: _____ DATE: _____



AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

The City of Wilmington requires, as a condition of employment, and/or continued employment, that all applicants consent to and authorize a verification of the information submitted on their application or resumé. Please read this statement carefully.

In consideration for employment and internships, all applicants must consent to and authorize a pre-employment verification of background information. Consideration for employment is contingent upon the results of this reference and background investigation, which may include verifications of education and/or employment history; credit history; motor vehicle records; a review of local, county, state, and federal government agencies and public court records; personal references; and/or other information as deemed necessary to fulfill the job requirements.

This Authorization and Consent for Release of Information gives my permission to the City of Wilmington and its designated agent(s), to the full extent permitted by law, to conduct a reference and background investigation. The City will utilize the results of this process to determine eligibility for employment under the City's employment policies. All information will be proprietary and kept as confidential as practicable. The information obtained by the City will not be provided to any parties other than the City.

I, the undersigned, do hereby certify that the information provided by me in my application for employment, resume, or in verbal discussion relating to my consideration for employment or an internship is true and complete to the best of my knowledge and understand that omissions and misstatements may be cause for rejection of this application, removal of my name from eligible list, or discharge from City employment. I hereby authorize the City of Wilmington or its designated agent to: (1) investigate the truthfulness of all my statements made on my application or resume or verbal statements made by me in the interview process; (2) conduct any verification of my education, employment, personal and motor vehicles records, and to receive any criminal conviction history record information relating to me which may be on file with any local, state, or federal criminal justice agencies; and (3) disclose verbally or in writing the results of any investigation with authorized employees or agents of the City involved in the hiring process. I understand that if I am employed, any false statements will be considered as cause for possible dismissal.

Further, I authorize the procurement of any other information, which relates to my background, character, and personal reputation, which may be deemed relevant to my employment in accordance with state and federal laws.

I have read and understand this Authorization and Consent for Release of Information form. The original or copy of this document serves as my valid authorization to any and all persons, educational institutions, past and/or current employers, organizations, law enforcement or criminal records agencies, and other agencies to release information about me to the City or its designated agent and hereby release and hold harmless all such persons, institutions, agencies, employers, and organizations providing such information from liability and any or all claims and damages connected with providing any requested information.

I further agree to indemnify, discharge, and forever hold harmless the City of Wilmington, its associates/employees, its designated agent, its directors, officers, or employees, to the full extent permitted by law, from any and all damages, claims, losses, liabilities, costs, and expenses (including but not limited to attorney's fees) incurred as a direct or indirect result of any lawsuit or administrative proceeding brought against the City of Wilmington, related directly or indirectly to the disclosure of any such information or so such investigation. I understand that my employment is conditioned upon a suitable background investigation.

I understand that I have the right to request in writing, within five (5) working days of the hiring decision notification, a complete and accurate disclosure of the nature and scope of any investigative report requested on me. If denied employment wholly or partly because of information contained in a consumer report from a consumer-reporting agency, I have the right to be advised and supplied with the name and address of the consumer-reporting agency making the report.

According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer, and to receive, upon written request, a disclosure of the public record information and of the nature and scope of the investigative report. If I am a resident of Minnesota, California, or Oklahoma only and would like a copy of the investigative report, I will check here.

I understand that if I am permitted to begin my employment or assignment before the results of a medical examination, reference check, consumer report, or investigative report are complete; my continued employment is contingent upon those results, as well as my ability to perform the duties of my position with or without reasonable accommodation.

Authorized by Candidate:

Print Name (Last, First, Middle) Maiden/Alias Name (if applicable)

Current Address (City, County, State, Zip) How long?

(Please provide all requested information and provide addresses for the last seven years)

Previous Address (City, County, State, Zip) How long?

Previous Address (City, County, State, Zip) How long?

Previous Address (City, County, State, Zip) How long?

Previous Address (City, County, State, Zip) How long?

_____/_____/_____ ____/____/_____ (____) _____ (____) _____
Date of Birth Social Security # Home Phone (include area code) Work Phone (include area code)

Driver License # State / Expiration Date Signature Date

My present employer may be contacted: Yes No

CITY OF WILMINGTON AFFIRMATIVE ACTION PROGRAM

It is the policy of the City of Wilmington to assure equal and fair treatment in all aspects of employment for minorities, women, Vietnam-era veterans and disabled veterans, people with physical or mental disabilities, and persons above the age of forty. All applicants, therefore, are requested to voluntarily provide the following information that is needed to document and assess the effectiveness of the City of Wilmington's Affirmative Action Program. This information will be detached and kept separately from your application and will not be used as a basis for employment decisions.

POSITION APPLIED FOR: _____ ANNOUNCEMENT # _____

HOW DID YOU FIND OUT ABOUT THIS POSITION? (Check one)

- TV/Channel Newspaper Walk-In Friend
- Agency _____ Other _____
- Employee (Name) _____

DATE OF BIRTH: _____

Please check the appropriate area:

- VIETNAM-ERA VETERAN DISABLED VETERAN DISABLED

SEX: MALE FEMALE

RACE/ETHNICITY: WHITE BLACK HISPANIC AMERICAN INDIAN

ALASKAN NATIVE ASIAN PACIFIC ISLANDER

Accommodations are available for applicants with disabilities in all phases of the application process. Please call 302-576-2460 to request assistance prior to the closing date of the job announcement. TDD users should call the DELAWARE RELAY SERVICE number at 1-800-232-5460 for assistance.

PLEASE NOTE: A person with a disability is one who has a verifiable physical or mental impairment, which substantially limits one or more major life activities, or has a record of such impairment, or is regarded as having such an impairment. Major life activities mean functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

EMPLOYEE RIGHTS AND RESPONSIBILITIES
UNDER THE FAMILY AND MEDICAL LEAVE ACT

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings. FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms. Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities. Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures. Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility. Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer. FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

For additional information: 1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627 WWW.WAGEHOUR.DOL.GOV