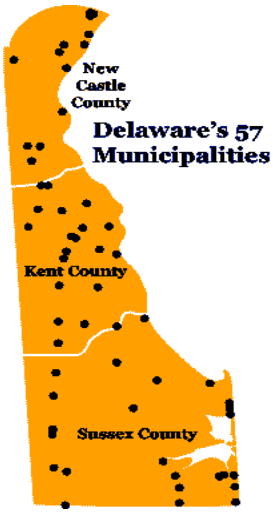

DELAWARE LEAGUE OF LOCAL GOVERNMENTS

Employment Application

Equal access to programs, services and employment is available to all persons.

Name: _____
Last First MI

Address: _____
Street

_____
City State ZIP code

Position(s) applied for _____

Date of application: _____

If necessary, the best time to call you at home is: _____ a.m. / p.m.

May we contact you at work? ____YES ____NO

If yes, please supply your work number and the best time to call:
( ) _____ _____ a.m. / p.m.

Are you eligible (legally) for employment in the United States? ____YES ____NO

Date available to start work: _____

What is your desired salary range or hourly rate of pay?

$_____ Per _____

Will you travel if job requires it? ____YES ____NO

Will you be able to meet the attendance requirements of the position?____YES ____NO

Will you work overtime if required? ____YES ____NO

Have you ever pleaded "guilty" or "no contest" to, or been convicted of a crime?
___YES ____NO

If yes, please provide details and date of occurrence:

_____

_____

Have you entered into an agreement with any former employer or other party (such as a non-competition agreement) that might, in any way, restrict your ability to work for the Delaware League of Local Governments? ____YES ____NO

If yes, please explain: _____

_____

_____

Employment History

Starting with your most recent employer, please provide the following information:

1. Employer: _____

Dates employed: _____/_____/_____ to _____/_____/_____

Starting salary: $_____ per hr/year

Final compensation $_____ per hr/year

Address: _____

_____

Phone number: ( ) _____

Starting job title – final job title _____

Immediate supervisor and their title (for the most recent position held):

_____

Why did you leave?

_____

_____

Summarize the type of work you performed and your job responsibilities:

_____

_____

What did you like most about your position?

_____

_____

_____

What did you like least about the position?

_____

_____

_____

2. Employer: _____

Dates employed: _____/_____/_____ to _____/_____/_____

Starting salary: $_____ per hr/year

Final compensation $_____ per hr/year

Address: _____

_____

Phone number: ( ) _____

Starting job title – final job title _____

Immediate supervisor and their title (for the most recent position held):

_____

Why did you leave?

_____

_____

Summarize the type of work you performed and your job responsibilities:

_____

_____

_____

What did you like most about your position?

_____

_____

_____

What did you like least about the position?

_____

_____

_____

Skills and Qualifications:

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

_____

_____

_____

Computer skills (Include software knowledge and number of years' experience.)

Word Processing _____ Years: _____
Internet _____ Years: _____
Spreadsheet _____ Years: _____
Presentation _____ Years: _____
E-Mail _____ Years: _____
Other _____ Years: _____

Educational Background

Starting with your most recent school attended, please provide the following information:

School (include city and state)	Years completed	Completed	GPA	Major/Minor