

**KENT CONSERVATION DISTRICT  
800 BAY ROAD, SUITE 2  
DOVER, DELAWARE 19901**

**PERSONAL DATA:**

PLEASE TYPE OR PRINT CLEARLY

NAME: \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_  
(LAST) (FIRST) (M.I.)

ADDRESS: \_\_\_\_\_

TELEPHONE: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ May we call you at work? \_\_\_\_ YES \_\_\_\_ NO

IF REQUIRED: DRIVERS LICENSE NUMBER: \_\_\_\_\_ TYPE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

PRESENT/PAST DISTRICT EMPLOYEE? YES \_\_\_\_\_ NO \_\_\_\_\_ INDICATE AGENCY \_\_\_\_\_

IF YOU ARE CLAIMING PREFERENCE AS A VETERAN OR AS THE UNREMARIED WIDOW OF A DECEASED VETERAN, ATTACH A COPY OF YOUR DD 214 FORM. IF, YOU ARE ALSO CLAIMING PREFERENCE AS A DISABLED OR UNREMARIED OF A DECEASED DISABLED VETERAN, INCLUDE YOUR VA DISABILITY LETTER AND CLAIM NUMBER.

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR CLASS A MISDEMEANOR? \_\_\_\_ No \_\_\_\_ IF YES, IDENTIFY TYPE OF OFFENSE, DATE AND LOCATION \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

EMPLOYMENT LOCATION(S) APPLIED FOR: NEW CASTLE \_\_\_\_\_ KENT \_\_\_\_\_ SUSSEX \_\_\_\_\_ CITY OF WILMINGTON \_\_\_\_\_

CHECK THE TYPE(S) OF EMPLOYMENT YOU WILL ACCEPT: \_\_\_\_ Permanent \_\_\_\_ Permanent Part-Time \_\_\_\_ Temporary

**EDUCATION**

| NAME & LOCATION                               | DATES ATTENDED    |    | TOTAL CREDITS EARNED | DIPLOMA OR DEGREE RECEIVED | MAJOR SUBJECT | MINOR SUBJECT |
|-----------------------------------------------|-------------------|----|----------------------|----------------------------|---------------|---------------|
|                                               | MONTH & YEAR FROM | TO |                      |                            |               |               |
| HIGH SCHOOL                                   |                   |    |                      |                            |               |               |
| COLLEGE OF UNIVERSITY                         |                   |    |                      |                            |               |               |
| GRAD. SCHOOL<br>(Transcripts may be required) |                   |    |                      |                            |               |               |
| OTHER                                         |                   |    |                      |                            |               |               |

**SPECIAL SKILLS**

LIST ANY EQUIPMENT WITH WHICH YOU ARE PROFICIENT AND OTHER SKILLS WHICH YOU POSSESS THAT ARE RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING. FOR EXAMPLE, SKILLS WITH MACHINES, BI-LINGUAL OR SIGN LANGUAGE.

LANGUAGE(S) OTHER THAN ENGLISH: \_\_\_\_\_ SPEAK \_\_\_\_\_ WRITE \_\_\_\_\_ UNDERSTAND \_\_\_\_\_

IF REQUIRE, STATE OF DELAWARE TYPING PROFICIENCY MUST BE ATTACHED.

LIST OTHER CURRENT LICENSES OR CERTIFICATES IF REQUIRED: \_\_\_\_\_

**EMPLOYMENT HISTORY**

THE INFORMATION YOU PROVIDE, IN ADDITION TO EDUCATION, WILL BE USED TO DETERMINE IF YOU MEET THE MINIMUM QUALIFICATIONS. GIVE A COMPLETE RECORD INCLUDING PART-TIME WORK, MILITARY SERVICE, AND VOLUNTEER EXPERIENCE. FOR PART-TIME AND VOLUNTEER EXPERIENCE, INDICATE NUMBER OF HOURS WORKED WEEKLY. INDICATE DATES, MONTH AND YEAR BEGINNING AND ENDING, FOR EACH POSITION HELD AND A THOROUGH DESCRIPTION OF DUTIES PERFORMED FOR EACH.

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

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NAME OF EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_  
EMPLOYED (Month & Year) FROM \_\_\_\_\_ TO \_\_\_\_\_ ANNUAL PAY RATE: START \_\_\_\_\_ FINISH \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
PHONE NO.: \_\_\_\_\_  
\_\_\_\_\_ FULL-TIME JOB TITLE & DUTIES: \_\_\_\_\_  
\_\_\_\_\_ PART-TIME \_\_\_\_\_  
\_\_\_\_\_ Hrs. Per Wk. \_\_\_\_\_

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NAME OF EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_  
EMPLOYED (Month & Year) FROM \_\_\_\_\_ TO \_\_\_\_\_ ANNUAL PAY RATE: START \_\_\_\_\_ FINISH \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
PHONE NO.: \_\_\_\_\_  
\_\_\_\_\_ FULL-TIME JOB TITLE & DUTIES: \_\_\_\_\_  
\_\_\_\_\_ PART-TIME \_\_\_\_\_  
\_\_\_\_\_ Hrs. Per Wk. \_\_\_\_\_

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NAME OF EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_  
EMPLOYED (Month & Year) FROM \_\_\_\_\_ TO \_\_\_\_\_ ANNUAL PAY RATE: START \_\_\_\_\_ FINISH \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
PHONE NO.: \_\_\_\_\_  
\_\_\_\_\_ FULL-TIME JOB TITLE & DUTIES: \_\_\_\_\_  
\_\_\_\_\_ PART-TIME \_\_\_\_\_  
\_\_\_\_\_ Hrs. Per Wk. \_\_\_\_\_

**CERTIFICATION**

BEFORE SIGNING, READ THE FOLLOWING STATEMENT CAREFULLY: THIS APPLICATION IS TRUE AND COMPLETE, ANY FALSE INFORMATION MAY BE CAUSE FOR REJECTION OF APPLICATION. I AUTHORIZE THE RELEASE OF ANY INFORMATION FROM PREVIOUS EMPLOYERS OR CHARACTER REFERENCES.

I UNDERSTAND THAT IF I AM HIRED BY THE KENT CONSERVATION DISTRICT, THE DISTRICT SHALL REQUIRE VERIFICATION OF MY IDENTITY AND ELIGIBILITY FOR EMPLOYMENT IN THE UNITED STATES.

I CERTIFY THAT IF I AM A MALE, BORN AFTER JANUARY 1, 1960, IF REQUIRED TO REGISTER, I HAVE REGISTERED FOR SELECTIVE SERVICE. I UNDERSTAND THAT I MAY BE REQUIRED TO DOCUMENT REGISTRATION.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NOTE: Accommodations are available for applicants with disabilities in all phases of the application and employment process. Call (302) 739-5458 to request an auxiliary aid or service. TDD users should call the Delaware Relay Service Number 1-800-232-5460 for assistance.

RETURN TO THE KENT CONSERVATION DISTRICT  
YOU ARE RESPONSIBLE FOR SUBMITTING YOUR APPLICATION BY THE CLOSING DATE.

## DELAWARE AFFIRMATIVE ACTION PROGRAM

It is the policy of the Kent Conservation District 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 Delaware'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: \_\_\_\_\_

HOW DID YOU FIND OUT ABOUT THIS POSITION? \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SEX: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE

RACE/ETHNICITY: \_\_\_ WHITE \_\_\_ BLACK \_\_\_ HISPANIC \_\_\_ AMERICAN INDIAN

\_\_\_ ALASKAN NATIVE \_\_\_ ASIAN \_\_\_ PACIFIC ISLANDERS

QUESTIONS SHOULD BE DIRECTED TO  
THE EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION  
PROGRAM ADMINISTRATOR  
OF THE STATE PERSONNEL OFFICE