



EASTER SEALS DELAWARE & MARYLAND'S EASTERN SHORE
 61 CORPORATE CIRCLE | NEW CASTLE DE 19720-2439
 PHONE: (302) 324-4444 | FAX: (302) 324-4480

SUBMIT VIA EMAIL

APPLICATION FOR EMPLOYMENT

POSITION APPLYING FOR:

Easter Seals Delaware and Maryland’s Eastern Shore is an equal opportunity employer. It is the policy of the Organization to afford equal opportunity to all qualified applicants for employment and employees regardless of race, age, disability, religion, gender, or sexual orientation. Applicants for employment and employees will be accorded equal treatment with respect to all terms, conditions and privileges of employment including recruitment, selection, placement and opportunities for advancement.

EASTER SEALS IS A TOBACCO-FREE CAMPUS

Name		
Address		
City	State	Zip Code
Phone Number	SSN	

Are you a U.S. Citizen?	Yes	No	Are you at least 18 years old?	Yes	No
Driver’s License No.:	Do you have a Commercial Driver’s License?				
Have you been convicted of a misdemeanor or felony at any time?	Yes	No			
If yes, please explain.					
Have you ever been suspended, debarred, sanctioned or excluded from participating in Medicare, Medicaid, or any other governmental or private healthcare program?	Yes	No			
If yes, please explain.					
Please indicate the date you are able to begin work.					

PERSON TO CONTACT IN THE EVENT OF ACCIDENT OR OTHER EMERGENCY		
Name		
Address		
City	State	Zip Code
Relationship	Phone Number	

EDUCATION

High School Attended: _____ Graduated? Yes No

College Attended:

Dates Attended: From _____ To _____ Graduated? Yes No

Degree:

College Attended:

Dates Attended: From _____ To _____ Graduated? Yes No

Degree:

College Attended:

Dates Attended: From _____ To _____ Graduated? Yes No

Degree:

Are there other experiences, skills, qualifications or certifications you feel would qualify you for employment by Easter Seals? If so, please list.

REFERENCES

List references familiar with your work history. Do not list friends or relatives.
Please notify individuals that we may be calling them to provide a reference.

Name _____ Phone Number _____

Address _____

Relationship _____

Name _____ Phone Number _____

Address _____

Relationship _____

Name _____ Phone Number _____

Address _____

Relationship _____

WORK HISTORY

List your work history beginning with the present position or last job held, and work back.
Do not skip dates. If you were unemployed, please indicate.

Position Held		Salary		
Employer				
Employer's Address				
Supervisor		Salary		
Dates Employed: From	To	May we contact this supervisor?	Yes	No
Reason for Leaving				
Position Held		Salary		
Employer				
Employer's Address				
Supervisor		Salary		
Dates Employed: From	To	May we contact this supervisor?	Yes	No
Reason for Leaving				
Position Held		Salary		
Employer				
Employer's Address				
Supervisor		Salary		
Dates Employed: From	To	May we contact this supervisor?	Yes	No
Reason for Leaving				

All information on my application is true and complete. Any false statements or deliberate omissions shall be considered sufficient cause for dismissal.

I authorize Easter Seals Delaware and Maryland's Eastern Shore to verify all information on my application and I release from liability any person giving or receiving any information regarding my past work history, my character or my academic performance.

With my signature, I authorize Easter Seals Delaware and Maryland's Eastern Shore to obtain criminal background check(s) as required of my potential position, and understand that employment is contingent upon satisfactory results from any and all background checks required.

Applicant's Electronic Signature