

Name

Name

Address

Relationship

City

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

# 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

Address							
City		State	•	Zip C	ode		
Phone Number		SSN					
Are you a U.S. Citizen?	Yes	No	Are you at leas	t 18 years old?	Yes	No	
Driver's License No.:			S	tate of Issue:			
Have you been convicted o	f a misden	neanor or fe	elony at any time?	Yes	No		
If yes, please explain.							
Have you ever been suspen				m participating No	in Medicare	, Medicaid, or	any
other governmental or prival of yes, please explain.	neaiind	are progra	m? Yes	INO			
<b>,</b> ,							
Please indicate the date you are able to begin work.							
PERSO	N TO CON	TACT IN TH	HE EVENT OF ACCIDEN	NT OR OTHER EN	MERGENCY		

Phone Number

Zip Code

State

		EDUCATION			
		<b></b>			
High School Atten	nded:		Graduated?	Yes	No
College Attended	:				
Dates Attended:	From	То	Graduated?	Yes	No
Degree:					
College Attended	:				
Dates Attended:	From	То	Graduated?	Yes	No
Degree:					
College Attended	:				
Dates Attended:	From	То	Graduated?	Yes	No
Degree:					
	•	s, qualifications or certifications you	ı feel would qualify you for employr	ment by	Easter
Seals? If so, pleas	e list.				
	List refere	<b>REFERENCES</b> nces familiar with your work history. D	Do not list friends or relatives		
		rify individuals that we may be calling			

# 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

Relationship

I	•	ory beginning with the pr	HISTORY resent position or last job held, and work back. re unemployed, please indicate.		
Position Held		, ,	Salary		
Employer					
Employer's Addres	SS				
Supervisor			Salary		
Dates Employed:	From	То	May we contact this supervisor?	Yes	No
Reason for Leavin	g				
Position Held			Salary		
Employer					
Employer's Addres	SS				
Supervisor			Salary		
Dates Employed:	From	То	May we contact this supervisor?	Yes	No
Reason for Leavin	g				
Position Held			Salary		
Employer					
Employer's Addres	SS				
Supervisor			Salary		
Dates Employed:	From	То	May we contact this supervisor?	Yes	No
Reason for Leavin	9				

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