

EASTERSEALS DELAWARE & MARYLAND'S EASTERN SHORE
61 Corporate Circle; New Castle, DE 19720
PHONE: (302)324-4444 FAX: (302)324-4480



EASTERSEALS IS A TOBACCO-FREE CAMPUS

APPLICATION FOR EMPLOYMENT

POSITION APPLYING FOR: _____

DATE: _____

Easterseals 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.

PLEASE PRINT AND USE INK:

Name: _____ Email Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Social Security Number: _____

Driver's License Number: _____ Are you at least 18 years old? _____

Do you have a Commercial Driver's License (CDL)? _____

Do you hold a professional license? PT/PTA OT/COTA SLP LPN/RN SW

Have you ever been denied a professional license or had your professional license limited, suspended or revoked in any state? _____

Are you a U.S. Citizen? _____ If no, do you have documentation showing that you are permitted to work? _____

Have you ever been convicted of a misdemeanor or a felony? _____ 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? _____

If yes, please explain: _____

Please indicate the date you are able to begin work: _____

PERSON TO CONTACT IN CASE OF AN ACCIDENT OR OTHER EMERGENCY:

Name: _____ Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Relationship: _____

EDUCATION

HIGH SCHOOL ATTENDED: _____ **GRADUATED? (Y/N)** _____

COLLEGE ATTENDED: _____

DATES ATTENDED: FROM: _____ **TO:** _____

GRADUATED? (Y/N) _____ **DEGREE:** _____

COLLEGE ATTENDED: _____

DATES ATTENDED: FROM: _____ **TO:** _____

GRADUATED? (Y/N) _____ **DEGREE:** _____

BUSINESS/TRADE SCHOOL ATTENDED: _____

DATES ATTENDED: FROM: _____ **TO:** _____

GRADUATED? (Y/N) _____ **DEGREE:** _____

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

REFERENCES FAMILIAR WITH YOUR WORK HISTORY (NOT FRIENDS OR RELATIVES):

(Please notify these individuals that we may be calling them to provide a reference.)

NAME: _____ **PHONE:** _____

ADDRESS: _____

EMAIL ADDRESS: _____ **RELATIONSHIP:** _____

NAME: _____ **PHONE:** _____

ADDRESS: _____

EMAIL ADDRESS: _____ **RELATIONSHIP:** _____

NAME: _____ **PHONE:** _____

ADDRESS: _____

EMAIL ADDRESS: _____ **RELATIONSHIP:** _____

WORK HISTORY

Begin with present position or last job held and work back. (Use additional sheet if necessary.)

Do not skip any dates, if unemployed, so indicate.

EMPLOYER: _____ POSITION HELD: _____

EMPLOYER'S ADDRESS: _____

SUPERVISOR: _____ SUPERVISOR'S TITLE: _____

PHONE: _____ EMAIL ADDRESS: _____

MAY WE CONTACT THIS SUPERVISOR? _____ EMPLOYED FROM: _____ TO: _____
(MONTH/YEAR) (MONTH/YEAR)

REASON FOR LEAVING: _____

EMPLOYER: _____ POSITION HELD: _____

EMPLOYER'S ADDRESS: _____

SUPERVISOR: _____ SUPERVISOR'S TITLE: _____

PHONE: _____ EMAIL ADDRESS: _____

MAY WE CONTACT THIS SUPERVISOR? _____ EMPLOYED FROM: _____ TO: _____
(MONTH/YEAR) (MONTH/YEAR)

REASON FOR LEAVING: _____

EMPLOYER: _____ POSITION HELD: _____

EMPLOYER'S ADDRESS: _____

SUPERVISOR: _____ SUPERVISOR'S TITLE: _____

PHONE: _____ EMAIL ADDRESS: _____

MAY WE CONTACT THIS SUPERVISOR? _____ EMPLOYED FROM: _____ TO: _____
(MONTH/YEAR) (MONTH/YEAR)

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 Easterseals 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 Easterseals 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 SIGNATURE: _____

DATE: _____