



TOWN OF BETHANY BEACH – EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position (s) Applied For:	Date of Application:
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend <input type="checkbox"/> Walk-in
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative <input type="checkbox"/> Other (please explain) _____

Last Name	First Name	Middle Name		
Address	Street	City	State	Zipcode
Telephone Number (s)	Returning	New		
Email Address				

- Are you available to work (please circle one): Fulltime Part Time Shift Work Temporary

- | | Yes | No |
|--|--------------------------------|--------------------------|
| • If you are under 18 years of age, can you provide required proof of your eligibility to work? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you ever filed an application with us before? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If yes, give date (MM/DD/YYYY) | _____ |
| • Have you ever been employed with us before? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If yes, give date (MM/DD/YYYY) | _____ |
| • Are you currently employed? | <input type="checkbox"/> | <input type="checkbox"/> |
| • May we contact your present employer? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status? | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Proof of citizenship or Immigration status will be required upon employment.</i> | | |
| • On what date would you be available for work? | | _____ |

- Are you currently on “lay-off” status and subject to recall? ☐ ☐
- Can you travel if a job requires it? ☐ ☐
- Have you been convicted of a felony within the last 7 years? ☐ ☐

If yes, please explain

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write

	Fluent	Good	Fair
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

____ YES ____ NO

References

<i>Name</i>	<i>Phone Number</i>	<i>Address</i>
1.		
2.		
3.		

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.

Employer	Address
Telephone Number (s)	Job Title/Work Performed
Supervisor	Dates Employed
Hourly Rate/Salary	Reason for Leaving

2.

Employer	Address
Telephone Number (s)	Job Title/Work Performed
Supervisor	Dates Employed
Hourly Rate/Salary	Reason for Leaving

3.

Employer	Address
Telephone Number (s)	Job Title/Work Performed
Supervisor	Dates Employed
Hourly Rate/Salary	Reason for Leaving

4.

Employer	Address
Telephone Number (s)	Job Title/Work Performed
Supervisor	Dates Employed
Hourly Rate/Salary	Reason for Leaving

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "*at will*" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "*at will*" employment relationship may not be changed by any written document or by document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Arrange Interview: Yes ____ No ____

Remarks: _____

Employed: Yes ____ No ____ Hire Date: _____ Start Date: _____

Job Title: _____ Hourly Rate/Salary: _____ Department: _____

By: _____ Approval Date: _____

NOTES: _____