



Communities In Schools of Delaware Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No questions on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant Name: _____ Date: _____

Address: _____

Telephone # Home: _____ Cell: _____ Work (if we may call): _____

Position applied for or type of work desired: _____

Are you applying for part-time, if so, how many hours are you available? _____

Date you will be available to start work: _____

Are you able to meet the attendance requirements: Yes ___ No ___

Do you have any objections to working overtime if necessary? Yes ___ No ___

Can you travel if required by this position? Yes ___ No ___

Do you have a valid driver's license? Yes ___ No ___

Have you ever been previously employed by our organization? Yes ___ No ___

Can you submit proof of legal employment authorization and identity? Yes ___ No ___

If you are under 18, can you furnish a work permit if it is required? Yes ___ No ___

Employment History

Please provide all employment information for your past four employers starting with the most recent

Employer: _____ Position: _____

Address: _____ Telephone: _____

Immediate Supervisor and Title: _____

Dates Employed: _____ Salary: _____

Job Summary: _____

Reason For Leaving: _____

Employer: _____ Position: _____

Address: _____ Telephone: _____

Immediate Supervisor and Title: _____

Dates Employed: _____ Salary: _____

Job Summary: _____

Reason For Leaving: _____

Employer: _____ Position: _____

Address: _____ Telephone: _____

Immediate Supervisor and Title: _____

Dates Employed: _____ Salary: _____

Job Summary: _____

Reason For Leaving: _____

Employer: _____ Position: _____

Address: _____ Telephone: _____

Immediate Supervisor and Title: _____

Dates Employed: _____ Salary: _____

Job Summary: _____

Reason For Leaving: _____

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications

Educational History

High School

Name: _____

Address (Street, City, State) _____

Did you graduate? Yes ___ No ___ Highest grade completed _____ Average GPA _____

College

Name: _____

Address (Street, City, State) _____

Did you graduate? Yes ___ No ___ Number of Credit Hours Completed _____

Degree: _____ Average GPA _____

Other Education (Technical, Graduate, Etc)

Name: _____

Address (Street, City, State) _____

Did you graduate? Yes ___ No ___ Number of Credit Hours Completed _____

Degree _____ Average GPA _____

References

List 3 business-associated references. Do not include relatives

Reference Name	How Known	Telephone	Years Known

I hereby authorize Communities In Schools of Delaware to contact, and verify the accuracy of information contained in this application form all previous employers, educational institutions, and references. I also hereby release from liability CIS of DE and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I certify that the information provided is true and correct, and agree that any misrepresentation, falsification or material omission made by me on this application will be sufficient cause for cancellation of this application and may result in a failure to receive an offer of employment, or, if hired, may result in dismissal from employment whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly either I or CIS of DE can terminate the relationship at will, with or without cause, at any time, so long as there is not violation of applicable federal or state law.

I understand that it is the policy of CIS of DE not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I also acknowledge and agree that my employment is conditional on acceptance of and compliance with all the employer's policies and work rules and that employment duties and work schedules can be changed from time to time.

I represent and warrant that I have read and fully understand the forgoing, and that I seek employment under these conditions.

Applicant Signature: _____ Date _____