

Delaware Department of Education

401 Federal Street, Suite #2

Dover, Delaware 19901

APPLICATION FOR EMPLOYMENT

Personal Information

Last name		First	MI	Social Security No.	
				- -	
Street address					
City	State	ZIP	Home telephone	Work telephone	
Position applied for					

Educational History

School Name	Location (city, state)	Major Course or Subject	Dates Attended		Graduated		Degree
			From	To	Yes	No	
High school							
College (list all attended)							
Other education/training							

Educational Experience

School Name	Administrative or Teaching Position	Title of Position	Date	
			From	To

Experience Other Than Educational

Starting with present or most recent, list all previous employers. . If more space is required, please continue on a separate sheet.

Name of Present Employer		Type of business	Type or classification of job
Street address		Phone number	Brief description of job duties
City	State	ZIP code	
Dates worked: From _____ To _____			
Name of Previous Employer		Type of business	Type or classification of job
Street address		Phone number	Brief description of job duties
City	State	ZIP code	
Dates worked: From _____ To _____			

Professional Certificates Currently Held (Delaware and/or other)

1. _____
2. _____
3. _____
4. _____

Military Record

Branch of service	From	To
Present military affiliation:		
None	Reserve (active)	Reserve (inactive)

Professional/Work References

List two past supervisors and two people who are not related to you who have knowledge of your qualifications for the position for which you are applying.

Name	Title/Relationship	Address (street, city, state, ZIP code)	Phone # (include area code)	Occupation

Wage or salary required

**DELAWARE DEPARTMENT OF EDUCATION
VOLUNTARY AFFIRMATIVE ACTION SUPPLEMENT
TO
APPLICATION FOR EMPLOYMENT**

Note to applicant

In compliance with Executive Order Number 24 issued by the Governor of the State of Delaware on May 8, 1986 (as amended by Executive Order number 50 dated November 10, 1987), and with the Affirmative Action Policy of the Delaware State Board of Education and in accordance with Rules and Regulations of the Federal Equal Employment Opportunity Commission, it is requested that you supply the following information about yourself as a supplement to the application for employment that you have presented or are considering presenting to the State Department of Education.

This form will be filed separately from your Application for Employment, and is to be used only for those purposes that contribute to the implementation of an affirmative action program of employment.

Date of Application: _____

Position for which application is made: _____

Name as shown on the application form: _____

Date of Birth: _____ Sex: _____

How did you find out about this position?

- Newspaper Specify which one.
- Web Site Specify which one.
- DOE employee
- Other Source Specify

Race/Ethnicity:

- | | | | |
|-----------------|--------------------------|------------------|--------------------------|
| Alaskan Native | <input type="checkbox"/> | Hispanic | <input type="checkbox"/> |
| American Indian | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Asian | <input type="checkbox"/> | Pacific Islander | <input type="checkbox"/> |
| Black | <input type="checkbox"/> | White | <input type="checkbox"/> |

Are you able to perform the essential functions of the job with or without a reasonable accommodation?

With Without

If an accommodation is necessary, briefly explain what accommodation would be needed.

Signature of Applicant