KENT CONSERVATION DISTRICT 1679 S. DUPONT HIGHWAY DOVER, DELAWARE 19901

PLEASE TYPE OR PRINT CLEARLY

PERSONAL DATA

NAME (Last, First, MI):

ADDRESS:

TELEPHONE

If Required:

Home:	Work:	May we call you at work? YES 🗌	NO

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Driver's License Number:	Type:	Expiration Date:

Present/Past District Employee? YES	NO	Indicate Agency
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POSITION APPLIED FOR:

Employment location(s) applied for: New Castle 🗌 Kent 🗌 Sussex 🗌 City of Wilmington 🗌

Check the type(s) of employment you will accept: Permanent Permanent Part-Time Temporary

EDUCATION

		DATES ATTENDED MONTH & YEAR		TOTAL CREDITS EARNED	DIPLOMA OR DEGREE RECEIVED	MAJOR SUBJECT	MINOR SUBJECT
	NAME & LOCATION	FROM	ТО				
HIGH SCHOOL							
COLLEGE OF UNIVERSITY							
GRAD. SCHOOL (Transcripts may be required)							
OTHER							

SPECIAL SKILLS

List any equipment with which you are proficient and other skills which you possess that are related to the position for which you are applying. For example, skills with machines, bi-lingual or sign language.

Language(s) other than English:

1. 2. Speak Write Understand Speak Write Understand

If require, State of Delaware typing proficiency must be attached.

List other current licenses or certificates if required:

EMPLOYMENT HISTORY

The information you provide, in addition to education, will be used to determine if you meet the minimum qualifications. Give a complete record including part-time work, military service, and volunteer experience. For part-time and volunteer experience, indicate number of hours worked weekly. Indicate dates, month and year beginning and ending, for each position held and a thorough description of duties performed for each.

Name on employment records/educational records if different from present name:

1. Name of Employer: Address:			Phone No.:	
Employed (Month & Year)	From:	To:	Annual Pay Rate Start: Finish:	
Reason for Leaving:	Supervisor:		Full-Time 🗌 Part-Time 🗌 Hrs. Per Wk.	:
Job Title & Duties:				
2. Name of Employer:	Address:		Phone No.:	
Employed (Month & Year)) From:	To:	Annual Pay Rate Start: Finish:	
Reason for Leaving:	Supervisor:		Full-Time Part-Time Hrs. Per Wk.	:
Job Title & Duties:				
3. Name of Employer:	Address:		Phone No.:	
Employed (Month & Year)) From:	To:	Annual Pay Rate Start: Finish:	
Reason for Leaving:	Supervisor:		Full-Time Part-Time Hrs. Per Wk.	:
Job Title & Duties:				
4. Name of Employer:	Address:		Phone No.:	
Employed (Month & Year)) From:	To:	Annual Pay Rate Start: Finish:	
Reason for Leaving:	Supervisor:		Full-Time Part-Time Hrs. Per Wk.	:
Job Title & Duties:				
5. Name of Employer:	Address:		Phone No.:	
Employed (Month & Year)) From:	To:	Annual Pay Rate Start: Finish:	
Reason for Leaving:	Supervisor:		Full-Time 🗌 Part-Time 🗌 Hrs. Per Wk.	:
Job Title & Duties:				

CERTIFICATION

Before signing, read the following statement carefully: This application is true and complete, any false information may be cause for rejection of application. I authorize the release of any information from previous employers or character references.

I understand that if I am hired by the Kent Conservation District the District shall require verification of my identity, validating I am lawfully permitted to work in the United States beyond a temporary period without employment-based sponsorship.

I certify that if I am a male, born after January 1, 1960, if required to register, I have registered for selective service. I understand that I may be required to document registration.

Applicant Signature

Date:

NOTE: Accommodations are available for applicants with disabilities in all phases of the application and employment process. Call (302) 739-5458 to request an auxiliary aid or service. TDD users should call the Delaware Relay Service Number 1-800-232-5460 for assistance.

> RETURN TO THE KENT CONSERVATION DISTRICT YOU ARE RESPONSIBLE FOR SUBMITTING YOUR APPLICATION BY THE CLOSING DATE.

Revised 10/2021