Delaware Department of Justice Employment Application

Please complete and save a copy of your application to your device or print it before submitting it via email to:

dojhr@state.de.us

Last Name | First Name | M.I. | County

Mailing Address | City | State | Zip Code

State: DE

Home Phone | Work Phone

May we call you at work? Yes ☐ No ☐

DOJ job applying for :

Division:

Job Location(s) applied for: ☐ New Castle ☐ Kent ☐ Sussex ☐ City of Wilmington

Will you accept: ☐ Permanent ☐ Temporary ☐ Full Time ☐ Part Time

Education / training: ☐ High School/GED ☐ Vocational / Business School

Name & Location of College / University	Dates Attended		Major / Minor	Type of Degree

Occupational Licenses / Bar Admissions	Issued by / #	Date Acquired

Computer Skils

Language(s) other than English	Speak	Read	Write
	☐	☐	☐
	☐	☐	☐

Employment History

Name on Employment / Educational Records if different from present name:

Start with most recent employment. Are you employed now? ☐ Yes ☐ No

Employer:

Supervisor:

Phone:

Address:

Annual Salary Start:

(or $ hourly)

End:

Employed (month & year): From:

To:

☐ Full Time ☐ Part Time

Reason for Leaving:

Job Title(s) & Duties:

Employer:

Supervisor:

Phone:

Address:

Annual Salary Start:

(or $ hourly)

End:

Employed (month & year): From:

To:

☐ Full Time ☐ Part Time

Reason for Leaving:

Job Title(s) & Duties:

Employment History

Name on Employment / Educational Records if different from present name:

Employer:

Supervisor:

Phone:

Address:

Annual Salary (or $ hourly) Start:

End:

Employed (month & year): From:

To:

☐ Full Time ☐ Part Time

Reason for Leaving:

Job Title(s) & Duties:

Employer:

Supervisor:

Phone:

Address:

Annual Salary (or $ hourly) Start:

End:

Employed (month & year): From:

To:

☐ Full Time ☐ Part Time

Reason for Leaving:

Job Title(s) & Duties:

Minimum Qualifications

Please describe how your education, training and experience meet ***each*** Minimum Qualification and Additional Requirement described in the Job Announcement. Please *do not* submit copies of letters or training certificates, unless stated as a requirement.

Certification

Before signing, please read the following statement carefully.

Any false or substantive omission of information may be cause for rejection, or dismissal if employed by the State. I authorize the release of any information from previous employers or references.

I understand that if I am hired by the State of Delaware, the State shall require verification of identity and eligibility for employment in the United States.

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

Are you a Veteran of the armed forces of the United States or a member of the Delaware National Guard? ☐ Yes ☐ No

Present State of Delaware employee? ☐ Yes ☐ No ☐ Merit ☐ Other ☐ Seasonal

Past State of Delaware employee? ☐ Yes ☐ No ☐ Merit ☐ Other ☐ Seasonal

Any security clearance will be based on agency requirements.

Applicant Signature

Date

Please Note: Accommodations are available for applicants with disabilities in all phases of the application and employment process. Please 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.

Direct deposit of pay is mandatory. Failure to agree to direct deposit will result in the withdrawal of employment.

Please return your application to the Delaware Department of Justice by the closing date.

An Equal Opportunity Employer

Voluntary Affirmative Action Statement

It is the policy of the State of Delaware to assure equal and fair treatment in all aspects of employment opportunities and to not discriminate on the basis of gender, race, color, religion, national origin, marital status, disability, sexual orientation, age, Vietnam Era Veterans status, or any other protected class under state or federal law.

The information requested in this voluntary applicant survey will be used to assist state agencies in complying with state and federal record keeping and reporting requirements.

Please provide the following information to document and assess the effectiveness of our Affirmative Action Program. Hiring Managers will not have access to this page, and it will not impact hiring decisions.

Job applied for (Title):

How did you find out about this position?

Other:

Date of Birth:

(mm/dd/yy)

Gender: ☐ Male ☐ Female

Race/Ethnicity:

- ☐ American Indian / Alaskan Native - Non HIspanic or Latino
- ☐ Asian - Non Hispanic or Latino
- ☐ Black or African American - Non Hispanic or Latino
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Pacific Islander - Non Hispanic or Latino
- ☐ White - Non Hispanic or Latino
- ☐ Two or More Races - Non Hispanic or Latino

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Delaware Department of Justice
Disclosure Statement

Non-Attorney Staff will complete questions 1 through 4 and Attorneys 1 through 6 with "yes" or "no" answers. If the answer to any question is yes please explain completely in the space provided. If additional space is required please use the back of this page.

1. Have you ever been dropped, suspended, placed on scholastic or disciplinary probation, expelled, or requested or allowed to resign in lieu of discipline from any college, university, law school or otherwise subjected to discipline by any such institution or requested or advised by any such institution to discontinue your studies therein?

Yes ☐ No ☐ If yes, please explain.

2. Have you ever been terminated, suspended, disciplined or permitted to resign in lieu of termination from any job?

Yes ☐ No ☐ If yes, please explain.

3. Have you ever, either as an adult or juvenile, been cited, arrested, charged or convicted for any violation, offense, misdemeanor, felony or other unclassified violation of any law? NOTE: This includes matters that have been expunged, been subject to a diversionary program, pardoned or otherwise cleared.

Yes ☐ No ☐ If yes, please explain.

4. Have you ever been charged with any moving traffic violations during the past ten years? NOTE: This includes all alcohol or drug related traffic violations. This does not include parking tickets.

Yes ☐ No ☐ If yes, please explain.

5. Have you ever been disbarred, suspended, censured or otherwise reprimanded or disqualified as an attorney?

Yes ☐ No ☐ If yes, please explain.

6. Have there ever been, or are there now any charges, complaints or grievances (formal or informal) pending concerning your conduct as an attorney?

Yes ☐ No ☐ If yes, please explain.

NOTICE: False statements made herein are punishable by law pursuant to 11 Del.C. §1233.

Applicant Signature _____

Social Security # Driver's License / ID No.# State DE ID Type Driver's License Expiration Date

Date _____

Please complete and save a copy of your application to your device or print it before submitting it via email to: dojhr@state.de.us