Delaware Department of Justice Employment Application



Last Name	First Na	ame		M.I.	County		
Mailing Address			Cit	У		State	Zip Code
Home Phone	Work Phone	N	/lay we	e call you at work	? Yes	No	
DOJ job applying for : Division:							
Will you accept: Perma		New Castle Permanent High Schoo			Part Tim		
Name & Location of (College / Unive	ersity	Date	s Attended	Major / Min	ior 1	Type of Degree

Occupational Licenses / Bar Admissions

Issued by / #

Date Acquired

Computer Skils

Language(s) other than English

Speak R

Read Write

Employment History

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

Start with most recent employment. Are you employ	yed now?	Yes	No
Employer:	Supervisor: Phone:		
Address:			
Employed (month & year): From:		To:	
Full Time Part Time Reason for	Leaving:		
Job Title(s) & Duties:			
Employer:	Supervisor:		
Address:	Phone:		
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Employed (month & year): From:		То:	
Full Time Part Time Reason for	Leaving:		
Job Title(s) & Duties:			

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

Employer: Address:	Supervisor: Phone:
Employed (month & year): From: Full Time Part Time Job Title(s) & Duties:	To: Reason for Leaving:
Employer:	Supervisor: Phone:
Address:	
Employed (month & year): From: Full Time Part Time	To: 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 Da				e	

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 Hisp	anic or Latino					
	Two or More Rac	es - 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.

7. Do you have any relatives currently employed by the Delaware Department of Justice?

Yes No If yes, please provide their name and relationship to you.

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

Applicant Signature _____

Driver's License / ID No.#

State ID Type

Expiration Date

Date ______