## Delaware Department of Justice Employment Application

Last Name First Name M.I. County

Mailing Address City State Zip Code

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. A | re you employed | now?                  | Yes | No |
|------------------------|---------------|-----------------|-----------------------|-----|----|
| Employer:              |               |                 | Supervisor:<br>Phone: |     |    |
| Address:               |               |                 |                       |     |    |
| Employed (month & ye   | ar): From     | า:              |                       | To: |    |
| Full Time              | Part Time     | Reason for Lea  | ving:                 |     |    |
| Job Title(s) & Duties: |               |                 |                       |     |    |
|                        |               |                 |                       |     |    |
|                        |               |                 |                       |     |    |
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|                        |               |                 |                       |     |    |
|                        |               |                 |                       |     |    |
|                        |               |                 |                       |     |    |
|                        |               |                 |                       |     |    |
| Employer:              |               |                 | Supervisor:<br>Phone: |     |    |
| Address:               |               |                 | Priorie.              |     |    |
|                        |               |                 |                       |     |    |
| Employed (month & ye   | ar): From     | n:              |                       | To: |    |
| Full Time              | Part Time     | Reason for Leav | ving:                 |     |    |
| Job Title(s) & Duties: |               |                 |                       |     |    |

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

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

## 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   | scholas   | stic | or   | disciplina | ary |
|------|----------|-------|---------|---------|--------------|-----------------|------------|------|-----------|------|------|------------|-----|
| prob | oation,  | expel | lled, o | r reque | ested or all | lowed to resig  | ın in lieu | of d | iscipline | fror | n aı | ny college | e,  |
|      | <i>,</i> |       |         |         |              | subjected to    | •          |      | , ,       |      |      |            | or  |
| requ | ıested   | or ad | vised   | by any  | / such inst  | itution to disc | ontinue    | your | studies   | the  | reir | 1?         |     |

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, pleas | se explain.     |   |                  |  |  |  |
| 5. Have you disqualified a   |             |               | suspended, ce   | ensured or otherwise                      | reprimanded or   |  |  |  |
| Yes  | No          | If yes, pleas | se explain.     |   |                  |  |  |  |
|  |             |               | ing your condu  | arges, complaints or gout as an attorney? | rievances        |  |  |  |
| 7. Do you have any relatives currently employed by the Delaware Department of Justice?   |             |               |                 |   |                  |  |  |  |
| Yes  | No          | If yes, pleas | e provide their | name and relationsh                       | p to you.        |  |  |  |
| NOTICE: Fa<br>§1233.   | ilse statem | ients made h  | erein are puni  | shable by law pursua                      | ant to 11 Del.C. |  |  |  |
| Applicant Sig  | nature      |               |                 |   |                  |  |  |  |
| Driver's License   |             | tate          | ID Type         | Expiration                                | Date             |  |  |  |
|  |             |               |                 |   |                  |  |  |  |

Date \_\_\_\_\_\_