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## **EMPLOYMENT APPLICATION**

DELAWARE STATE UNIVERSITY 1200 N. DuPont Highway Dover, Delaware 19901-2277 AN EEO EMPLOYER

PERSONAL DA	TA				
Please Type or Print Clea	ırly				
Name:(Last)	(First)		(MI) Social So	ecurity No	
Address:					
Telephone:		_ Work:	r	May we call you at work? Yes	No
In case of emergency, notify: _	(Name)		(Pho	ne)	
Have you ever been convicted	of a Felony?O	ffense date and locatio	n:		
List names of relatives employ	red by the University: 1)_			2)	
POSITION DES		A CEDADATE ADDI IO	CATION FOR FACU	POSITION APPLIED FOR	
				New Castle Kent Cou	nty Sussex
Check the type of employment	t: Permanent Pa	rt-Time Tempor	ary Date Ava	ilable:	
Available for night shift? Yes_	No or Wee	kend Work? Yes	No		
Have you applied for a position	n within the last 6 month	s? Yes No			
Have you ever been employed	by the State of Delawa	re? Yes No_	If yes, when: _	Department:	
SPECIAL SKILLS	S				
List any equipment with which	you are proficient and o	ther skills which you po	ossess that are relate	ed to the position for which you are	e applying.
For example, skills with machi	nes, bi-lingual, or sign la	nguage:			
Indicate State of Delaware pro	ficiency (cies), if require	d: (Must be attached)	Typing	wpm Shorthand	wpm
List current licenses or certification	ates, if required:		Driver License Nun	nber:	Type:

Delaware State University does not discriminate on the basis of race, color, national origin, sex, age or handicap in the administration of any of its educational programs and activities or with respect to admission and employment. Inquiries may be directed to the secion 504 coordinator of the Title IX coordinator, Office of the President, located in the Administration Building 4th floor. 857-6001

EDUCATIO	N						
		Co	llege	Grad.			
Circle highest grade	e completed: 9 10	11 12 1 2	3 4	5 6 7			
Do you have a High	n School Equivalency Certifica	ate (GED)? Yes	No				
	Name & Location	Dates Attended Month & Year From To	Total Credits Earned	Diploma or Degree Received	Major Subject	Minor Subject	
High School							
College or University							
Grad. School (Transcript may be Required)							
Other							
MILITARY  Branch of Service:	Date	Entered:	Date Discharge	ed:	Final Rank	α	
Service No	ice No Selection Service Classification: Reserve or National Guard Status						
EMPLOYM	EMPLOYMENT EXPERIENCE/HISTORY						
cases, placement o	ou provide, in addition to each on the register for the posice. For part-time and voludenting, of each position has been described to the position of the provided the provid	tion you are seeking. Give unteer experience, indica	e a complete rec	ord including pa ours worked we	art-time work, mi eekly. Indicate o	ilitary service, and lates, month, and	
Name on employmen	t records/educational records	if different from present nan	ne:				
Name of Employer: _		A	ddress:				
Supervisor:		Phone Number	Full-1	Γime: Part-	Time: Hrs.	per week	
Employed (month & y	vear) From: To:	Annual Pay Rate: S	tart Fi	nish Job	Title		
Reason for Leaving: _							
Duties:							

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<b>EMPLOYMENT EXP</b>	ERIENCE (CON'T.)			
Name of Employer:		Address:		
Supervisor:	Phone Number	Full-Time:		Hrs. per week
Employed (month & year) From:	To: Annual Pay Rate	: Start Finish		
Reason for Leaving:				
Duties:				
Name of Employer:		Address:		
Supervisor:	Phone Number	Full-Time:	Part-Time:	Hrs. per week
Employed (month & year) From:	To: Annual Pay Rate	: Start Finish	Job Title	
Reason for Leaving:				
Duties:				
Name of Employer:		Address:		
Supervisor:	Phone Number	Full-Time:	Part-Time:	Hrs. per week
Employed (month & year) From:	To: Annual Pay Rate	: Start Finish	Job Title	
Reason for Leaving:				
Duties:				
I hereby certify that the answers gi my knowledge and belief. I unders may be cause for rejection of my any of my employers, associations record or character. I understand t identity and eligibility for employme	stand that any false information, or application or discharge at any ti s or references to give the Directo that if I am hired by Delaware Sta	omissions or misrepresent me during my employmer or of Human Resources an	tation of facts cant. Except as incomparison to	lled for in this application licated above, I authorize ncerning my employment
	(Signature)		(Date)	-

Delaware State University is committed to assisting all members of the DSU community in providing for their own safety and security. Information regarding campus security and personal safety including topics such as, crime prevention, university police law enforcement authority, crime reporting policies, crime statistics for the most recent three-year period, and disciplinary procedure is available on the DSU website at http://www.desu.edu/docs/year/police/2006CleryWeb.pdf. If you would like a booklet containing this information, you can contact a representative of the DSU Department of Public Safety at 1200 N. DuPont Highway, Public Safety Bldg., Dover, Delaware 19901 or (302) 857-6290.

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## DELAWARE STATE UNIVERSITY AFFIRMATIVE ACTION PROGRAM

It is the policy of Delaware State University to assure equal and fair treatment in all aspects of employment for minorities; women, Vietnam era veterans and disabled veterans, people with physical or mental disabilities and persons above the age of forty. All applicants, therefore, are requested to voluntarily provide the following information that is needed to document and assess the effectiveness of Delaware State University's Affirmative Action Program. This information will be detached and kept separately from your application and will not be used as a basis for employment decisions.

Position applied for:						
How did you find out about this pos	ition?					
Social Security Number:	Date of Birth:					
Sex: Male Female						
Race/Ethnicity: White Black _	Pacific Islander	American Indian	Alaskan Native	Asian	Hispanic	
Do you have physical or mental disabilities that would prohibit you from performing the duties of the job for which you applied?						
Yes No Uncertain*						
Explain nature of disability and extent of limitations:						
*If uncertain, please explain:						
If you need special accommodation	s to perform the duties	for the position applied f	or, please identify:			

NOTE: A person with a disability is one who has a verifiable physical or mental impairment which substantially limits one or more major life activities, or has a record of such impairment, or is regarded as having such impairment. Major life activities means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. The University will make reasonable accommodations for qualified individuals with a disability.

Questions should be directed to the Affirmative Action Coordinator of Delaware State University