

DECC Employment Application

Incomplete applications will not be considered. Résumés are welcome, but are not a substitute for this completed application.

First Name		Middle	Last Name		Primary Phone
Home Address		City	State	Zip	Secondary Phone
Are you 16 years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, when will you be? _____)	Are you a full-time student? <input type="checkbox"/> No <input type="checkbox"/> Yes (where? _____)	On what date would you be available to start work?		Email, if preferred	
Type of schedule desired: <input type="checkbox"/> Weekdays <input type="checkbox"/> Evenings & Weekends <input type="checkbox"/> Overnights <input type="checkbox"/> Available Anytime		How did you hear about openings at the DECC? <input type="checkbox"/> I just walked in <input type="checkbox"/> Website (which?): _____ <input type="checkbox"/> Notice at school <input type="checkbox"/> Newspaper www: _____ <input type="checkbox"/> State Agency <input type="checkbox"/> Current DECC Employee (who?): _____ <input type="checkbox"/> Job Fair		Approximately how many hours per week do you hope to work? _____	
Position(s) preferred [If no specific position is listed, your application will <u>not</u> be considered. Please only apply for jobs that are currently open]: 1. _____ 2. _____					
Have you ever worked for the DECC before? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, when? From (M/Y) _____ to (M/Y) _____ In what department? _____					
Have you ever interviewed for a job at the DECC before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____					

Name & City/State of School	Did you graduate?		Name of Degree or Certificate	Major/Minor/Focus of Study	GPA
	Yes	No			
High School or GED					
College					
Advanced Degree					
Other					
Other					

Please provide names of EMPLOYERS or SUPERVISORS who are familiar with your work and your competencies as related to the job for which you are applying. Also acceptable are coaches, instructors or counselors. DO NOT LIST FRIENDS UNLESS THEY DIRECTLY SUPERVISED YOU.				
Name	Company	Relationship to you?	Years known?	Business Telephone
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Yes	No	Question
		Shifts may begin or end outside of regular bus route times. Are you able to provide your own transportation?
		Would you prefer a position working directly with the public?
		Have you ever been fired or asked to resign? A 'yes' will not necessarily bar you from employment. Relevant details will be considered. Provide or attach details:
		Have you been convicted of a misdemeanor or felony in the last seven years? A 'yes' will not necessarily bar you from employment. Relevant details will be considered. Provide or attach details:

Employment/Volunteer Experience (Start with most recent)

Please fill out this section **completely**. Failure to do so will result in your application not being considered.

Check this box if you have never had a job or volunteer experience.

Current or Most Recent Employer	Start Date (M/Y)	Describe your duties:	
City/State	End Date (M/Y)		
Telephone	Start Salary		
Your Job Title	End Salary	Approximately how many hours per week did you work?	Did you provide a two-week notice when you left? <input type="checkbox"/> Yes <input type="checkbox"/> No
Immediate Supervisor's Name/Title	Why did you leave, or if still employed, why are you applying for a job here?		

Next Previous Employer	Start Date (M/Y)	Describe your duties:	
City/State	End Date (M/Y)		
Telephone	Start Salary		
Your Job Title	End Salary	Approximately how many hours per week did you work?	Did you provide a two-week notice when you left? <input type="checkbox"/> Yes <input type="checkbox"/> No
Immediate Supervisor's Name/Title	Why did you leave?		

Next Previous Employer	Start Date (M/Y)	Describe your duties:	
City/State	End Date (M/Y)		
Telephone	Start Salary		
Your Job Title	End Salary	Approximately how many hours per week did you work?	Did you provide a two-week notice when you left? <input type="checkbox"/> Yes <input type="checkbox"/> No
Immediate Supervisor's Name/Title	Why did you leave?		

Please list other experience you consider relevant:

Please read the following completely before signing:

Everything I have written on this application is true, accurate and complete. I authorize previous employers and/or anyone else who knows me to furnish whatever detail they feel is relevant concerning my qualifications. I release the DECC from all liability concerning anything a reference may say in describing my qualifications.

I understand that an incomplete application, false information or failure to disclose relevant information may be grounds for not hiring me, or termination, if I have already been hired. I understand and authorize that the information I have provided may be investigated.

If hired, I agree to abide by all rules and regulations of the DECC. Employment at the DECC is at will. Either I or the DECC may end an employment relationship at any time.

Applicant's Signature _____ Date _____

This application will be active for 30 days. For consideration after 30 days you must reapply.

Today's Date: _____

DECC

Availability / Schedule / Personal Information Form

Employee Name _____

Address _____

City, State, ZIP _____

Primary Phone # _____ Secondary Phone _____

E-mail address _____

Availability

	At what time are you available for work?	How late can you stay at work?	√ Available anytime
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Please list any upcoming or regularly occurring schedule conflicts:

Below this line for office use only

Department _____ Unit _____ Job _____ ADP Job Code _____

Rate of pay \$ _____ per hour per year Hire Date _____

Executive Director, Department Head or Human Resources authorization: _____