



## EMPLOYMENT APPLICATION

Position Applying For: \_\_\_\_\_ Date: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

( ) - \_\_\_\_\_  
Home Telephone Number \_\_\_\_\_ Cell/Work/Message Telephone Number \_\_\_\_\_

Email: \_\_\_\_\_

May we contact you at work? Yes ☐ No ☐

If you are a finalist for this position, may we contact your current employer for a reference?

Yes ☐ No ☐

Are you legally eligible for employment in the United States? Yes ☐ No ☐

Proof of eligibility will be required at time of employment.

Are you aware of any reason you cannot perform the essential functions of this job with or without reasonable accommodation? Yes ☐ No ☐

Do you have relatives working for DLCC Yes ☐ No ☐

Dept. \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Comments: \_\_\_\_\_

I agree to the above statement ☐

Driver's License

Number \_\_\_\_\_ State \_\_\_\_\_

Personal Information



Beginning with your most recent job, list all employment for the last 3 Positions

Which of the following do you have? High School Diploma

☐

GED

☐

**PLEASE LIST BELOW ALL EDUCATION BEYOND HIGH SCHOOL**

School Name and Location	Dates		Major	Credits		Degree/Year Received	
	From:	To:		Sem.	Qtr.		

List any special training, workshops, seminars, etc. in which you have participated which relate to or are required for this position(s), certification(s), or other miscellaneous qualifications.

Please list your special skills and/or proficiency in the operation of specific equipment required for this position:

*I certify that all statements made in this application and the attachments (if applicable) are true and complete to the best of my knowledge. I understand that any false statements or omission of material facts may subject me to disqualification or dismissal.*

I agree to the above statement

☒

Signature

Date



Beginning with your most recent job, list all employment for the last 3 Positions

Company Name	Position Title	From (Month/Year)	To (Month/Year)
Company Address/Phone	Name & Title of Supervisor		Hours Worked per Week
	Salary \$	Reason for Leaving	
Description of Duties:			

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Employment History

Please Print  
Name

Social Security  
No.

Have you ever been convicted of a felony? Yes ☐ No ☐

Have you been convicted of a misdemeanor during the last five years? Yes ☐ No ☐

If you answered yes to either question, please explain: \_\_\_\_\_