

MUNICIPAL SERVICES COMMISSION

CITY OF NEW CASTLE, DELAWARE 19720-0208

P.O. BOX 208

www.newcastlemsc.com

Office: 302 323-2330 Utility Building: 302-323-2333 Fax: 302-323-2337

Application for Employment

Equal Employment Opportunity Policy

We welcome you as an applicant for employment. Your application will be considered with others in competition for this position in which you are interested. It is the policy and intent of the Municipal Services Commission to provide equality of opportunity in employment to all persons. This policy prohibits discrimination because of race, color, religion, national origin, marital status, physical or mental disability, sex, genetic information (including family history), sexual orientation, gender identity, or age, in all aspects of our personnel policies, programs, practices and operations. This policy applies to all phases of employment.

All information contained in or connected with this application will be considered personal and confidential and used only in connection with your possible employment by the Municipal Services Commission. Please furnish us with complete information printed in ink as outlined in this application. You are encouraged to attach any additional information which you believe qualifies you for the position for which you are applying.

Date of Application: _____

Title of position(s) applied for: _____

PERSONAL INFORMATION:

Last name: _____ First name: _____ Middle Initial: _____

Address: _____

Home Telephone () _____ Cell () _____

E-Mail address _____

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Do you have a valid driver's license? Yes No
If yes: Driver's license number _____ State _____
Class: _____

Are you a citizen of the United States or otherwise legally eligible for
Employment in the United States: Yes No

EDUCATIONAL INFORMATION

Circle Highest Grade Completed	<u>Grade School</u> 1 2 3 4 5 6 7 8	<u>High School</u> 9 10 11 12 GED
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School	Name and mailing address of school	Diploma/Degree/Major Earned
High School		
College/University		
Graduate School		
Technical School		
Other		

List any Special Courses, Seminars, Workshops, Licenses, Certificates related to this position:

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List any Personal Skills related to this position:

Please state your reasons for applying for this position.

EMPLOYMENT EXPERIENCE:			
Employer:	From:	To:	
Address:			
Telephone ()			
Reason for Leaving			
Supervisor:	May we contact: Yes No		
Job Title:	Part Time:	Full Time:	
Duties Performed			
Wages:	Start:	Final:	

EMPLOYMENT EXPERIENCE:			
Employer:	From:	To:	
Address:			
Telephone ()			
Reason for Leaving			
Supervisor:	May we contact: Yes No		
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Wages:	Start:	Final:

I hereby certify that the answers given by me to the foregoing questions and the statements made by me are full and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts in this application or any supplements thereto is cause for rejection of my application or discharge at any time during my employment.

I understand that if I am hired by Municipal Services Commission, the Commission shall require verification of my identity and authorization for employment in the United States.

I understand that I voluntarily authorize my former employers, schools, and persons named herein to give information regarding me. I hereby release the Municipal Services Commission from any liability or claim whatsoever for issuing this information.

Applicant's Signature _____ Date: _____

Print Name: _____