

Application For Employment

**Lewes
Realty**



418 E. Savannah Rd.
Lewes DE 19958

800-705-7590
302-645-1955
302-645-4522 FAX

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Please Print

Position(s) Applied for:			Date of Application:		
How did you learn about us?					
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend		<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Relative		<input type="checkbox"/> Other	
Last Name		First Name		Middle	
Address	Number	Street	City	State	Zip Code
Telephone / Cell Number(s)				Social Security Number	

If you are under 18 years of age, can you provide required
Proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If "yes", give date _____

Have you ever been employed with us before: Yes No
If "yes", give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this
Country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel, if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years?
Conviction will not necessarily disqualify an applicant from employment. Yes No

If Yes, please explain: _____

Name: _____

Position: _____

Date: _____

Education

	Name & Address Of School	Course of Study	Years Completed	Diploma / Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Please Specify)				

Indicate any foreign languages you can speak, read, and / or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and Extra-curricular activities.

Describe any job-related training received in the United States Military.

Employment Experience

Start with your present or last employment. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)	Telephone Number(s)	Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If more space is needed, please continue on a separate or blank piece of paper.

List professional, trade, business or civic activities and offices held:

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Additional Information

Other Qualifications Summarize special job related skills & qualifications acquired from employment or other experiences.

Specialized Skills Check Skills / Equipment Experience

		Production / Mail Equipment	Other: Please List
<input type="checkbox"/> Computer - PC	<input type="checkbox"/> Fax	_____	_____
<input type="checkbox"/> Computer - Mac	<input type="checkbox"/> Excel / Lotus 1-2-3	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Word	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> Publisher	_____	_____
<input type="checkbox"/> Copy Machine	<input type="checkbox"/> Internet / E-Mail	_____	_____
<input type="checkbox"/> Phone System	<input type="checkbox"/> Graphic / Design	_____	_____

State any additional information you feel may be helpful to us in considering your application:

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

_____ YES _____ NO

References

1. _____ (_____) _____
Name Phone#

_____ Address

1. _____ (_____) _____
Name Phone#

_____ Address

1. _____ (_____) _____
Name Phone#

_____ Address

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

For Personnel Department Use Only

Arrange Interview Yes No

Remarks _____

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate / Salary _____ Department _____

By _____
Name & Title Date

Notes _____
