***900 Public Safety Boulevard***

***119 Lower Beech Street, Suite 100***

***Wilmington, DE 19805-4440***

***(302) 577-3278, Option 5***

***Dover, DE 19901-4503***

***(302) 739-3278, Option 5***

 Source Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# APPLICATION FOR EMPLOYMENT

*The Delaware Transit Corporation is an equal opportunity employer and service provider. We consider applicants for all positions without regard to race, color, religion, sex/gender identity, national origin, marital or veteran status, age, disability, pregnancy, political opinion or affiliation. We are an Equal Opportunity Employer.*

For Use with Microsoft Word

**Date**:

**Position Applied For (Title):**

**Name**

  **Last**  **First** **Middle**

 **Street Address**

 **City State Zip Code**

**E-mail Address:**

**Home Phone:**       **Business Phone:**

**Cell Phone:**       **May we call you at work?**  [ ]  Yes [ ]  No

**Driver’s License Number:**       **State:**       **Type:**       **Expiration:**

**How did you hear about this employment opportunity?** DTC Website [ ]  Friend [ ]  Newspaper [ ]

Bus Ad [ ]  Television [ ]  Facebook [ ]  Job Fair [ ]  Other [ ]  Specify:

**Check the types of employment you will accept:** Full Time [ ]  Part Time [ ]  Shift Work [ ]  Temporary [ ]

**Check county(s) in which you will accept work:**  New Castle [ ]  Kent [ ]  Sussex [ ]

1. Have you ever filed an application with us before? Yes [ ]  No [ ]  Date:
2. Have you ever filed an application with us before with a different name? Yes [ ]  No [ ]  Date:
3. Have you ever been employed with us before? Yes [ ]  No [ ]  Date:
4. Are you currently employed? Yes [ ]  No [ ]
5. When would you be available for work?

### EDUCATION/TRAINING

|  |  |
| --- | --- |
| Have you graduated from high school or passed the G.E.D.? | [ ]  Yes [ ]  No |
| Have you attended vocational and/or business school? | [ ]  Yes [ ]  No |
| Did you attend college, universities, or other technical schools beyond high school? | [ ]  Yes [ ]  No |

List education beyond high school:

|  |  |  |  |
| --- | --- | --- | --- |
| **School Name** | **Location** | **Major/Minor** | **Type of Degree Received** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please list currently valid certification of professional or vocational competence/licenses and expiration date.

|  |  |  |
| --- | --- | --- |
| **License/Certification Registration Type** | Issued by/Number | **Expiration Date** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

Other Job-Related Training:

|  |  |
| --- | --- |
| **Course Title** | **Training Provider** |
|       |       |
|       |       |
|       |       |
|       |       |

**EMPLOYMENT HISTORY**

Beginning with your current or most recent position, state your employment history. A resume does not substitute for this section of the application. If you need more space, please use a separate sheet of paper. This section ***must be completed.***

|  |  |
| --- | --- |
| Job Title: |  |
| Employer Name: |  |
| Employer Address: |  |
| Supervisor Name | Supervisor Title | Supervisor Telephone |
|  |  |  |
| Hours per Week:        | Dates Employed (MM/DD/YYYY) From:       To:       |
| Reason for Leaving:       |

|  |
| --- |
| DESCRIBE YOUR DUTIES |
|  |

|  |  |
| --- | --- |
| Job Title: |  |
| Employer Name: |  |
| Employer Address: |  |
| Supervisor Name | Supervisor Title | Supervisor Telephone |
|  |  |  |
| Hours per Week:        | Dates Employed (MM/DD/YYYY) From:       To:       |
| Reason for Leaving:       |

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| --- |
| DESCRIBE YOUR DUTIES |
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|  |  |
| --- | --- |
| Job Title: |  |
| Employer Name: |  |
| Employer Address: |  |
| Supervisor Name | Supervisor Title | Supervisor Telephone |
|  |  |  |
| Hours per Week:        | Dates Employed (MM/DD/YYYY) From:       To:       |
| Reason for Leaving:       |

|  |
| --- |
| DESCRIBE YOUR DUTIES |
|  |

**JOB REQUIREMENTS**

Please describe how your education, training, and experience meet the Job Requirements and Preferred Qualification as described in the Job Announcement.

|  |
| --- |
|  |

Use additional pages if needed.

**APPLICANT RELEASE OF EMPLOYMENT INFORMATION**

I **certify** that all of the statements on this application and any other documents submitted in connection with the employment process are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I **understand** and **acknowledge** that any misstatements or omission of material facts in the application and selection processes will result in disqualification, withdrawal of employment offer, or termination of employment.

I **authorize** employers with whom I am currently or previously employed and other references to verify and release information to the Delaware Transit Corporation for the purpose of conducting employment references. Such inquiries may include information as to my character, work habits, performance, education, and experiences, along with reasons for termination from previous employers.

I **understand** that if I am not currently employed by DTC, I will be required to pass a drug screen at the company’s expense. Additionally, if I am new to a position requiring a CDL, I will be required to pass a drug screen and a physical provided at the company’s expense by the company’s designated physician in accordance with Federal/State laws.

In connection with my application for employment, I **understand** that information from various federal, state and other agencies which maintain records relating to my driving, criminal, civil and other experiences may be required after the contingent job offer. If this information is required, I will be requested to sign a release authorizing the investigation. If I am applying for a position requiring a CDL, I will be required to authorize release of my driving record, alcohol/drug testing results from previous employers, and provide my valid CDL license or CDL permit to be photocopied.

I **understand** that this application shall be considered active for a period of not more than one year. I **understand** 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.

I **understand** that direct deposit of paychecks is required for all new employees. I **understand** I am required to abide by all rules and regulations of the employer.

My signature indicates that I **certify** I have read and **understand** the conditions of employment as stated above.

The entire application must be completed for consideration.

Signature Date

Accommodations are available for applicants with disabilities in all phases of the application and employment process.  To request an accommodation, applicants may call (302) 760-2891. TDD users should call the Delaware Relay Service Number 1-800-232-5460 for assistance.





**Delaware Transit Corporation (DTC) Equal Employment Opportunity Information**

The employer (DTC) is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self- identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement.

Please check the appropriate box below and fill in the information requested:

**Race and Ethnicity**

[ ]  Hispanic or Latino

[ ]  White

[ ]  Black/African American

[ ]  Native Hawaiian or Other Pacific Islander

[ ]  Asian

[ ]  American Indian or Alaska native

[ ]  Two or More races (Not Hispanic or Latino) - Please list the single racial/ethnic group above with which you closely identify:

Gender: Male [ ]  Female [ ]

Date of Birth:

[ ]  Person with a disability

[ ]  Veteran

[ ]  I choose not to give this information

Position applied for:

Application Date:

**Employment Hotline**

*(302) 577-3278 Option 5 or (302) 739-3278 Option 5*

The following positions require a Commercial Driver's License (CDL) Class A with Passenger Endorsement and No Air Brake Restriction or permit or a CDL-Class B with Passenger Endorsement and No Air Brake Restriction or permit.

 Auto Technician General Service

 Bus Cleaner Mechanic

 Dispatcher/Relief Supervisor Mechanic Helper

 Fixed Route Operator Service Technician

 Fleet & Equipment Foreman Street Supervisor

Paratransit Specialist positions require a Commercial Driver's License (CDL) Class C with Passenger Endorsement or permit.

Applicants for these positions who do not possess a valid CDL or CDL permit will not be considered for employment.