



Dewey Beach Patrol
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2015 Seasonal Application for Employment

Applicants are considered for all positions, without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

Name _____ Date of Birth _____ Date of Application _____
First M.I. Last

Permanent Address _____
Street City State Zip Code

Alternate Address _____
Street City State Zip Code

Telephone: _____ Cell Phone: _____ Email: _____

- ◆ If employed and you are under 18, can you furnish a work permit? Yes _____ No _____
- ◆ Have you ever filed an application here before? Yes _____ No _____
- ◆ Have you ever been employed here before? Yes _____ No _____
- ◆ Are you employed now? If yes, may we contact your present employer? Yes _____ No _____
- ◆ Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status may be required upon employment) Yes _____ No _____
- ◆ On what date would you be available to work? _____
- ◆ Are you available to work: **(Seasonal Work only)** Available Start Date _____ End Date: _____
 Full Time _____ Part Time _____ Shift Work _____ Temporary _____
- ◆ Are you on a lay off and subject to recall? Yes _____ No _____
- ◆ Can you travel if a job required it? Yes _____ No _____
- ◆ Have you ever been convicted of a felony within the last 7 years? Yes _____ No _____
- ◆ If yes, please explain: _____
- ◆ Any and all days off requirements and/or leave requests should accompany this application (see last page).

| Education | | | | |
|--------------------|------|------------------------|---------|-----------------|
| School | Name | Location (City, State) | Studies | Graduation Date |
| High School | | | | |
| College/University | | | | |
| Other | | | | |

- ◆ Do you speak/write/read a foreign language? Yes _____ No _____
- ◆ If yes, what language? _____
- ◆ Have you even been arrested for any violation of the law? (other than motor vehicle violations) Yes _____ No _____
- ◆ If yes, please explain: _____
- ◆ Have you ever been charged with any traffic violations? Yes _____ No _____

NOTE: ONLY FULLY COMPLETED APPLICATIONS WILL BE CONSIDERED

◆ If yes, please explain:

| Military | | | | | |
|-------------------|--|--------------------|--|-----|--|
| Branch/Unit: | | From: | | To: | |
| Rank at Discharge | | Type of Discharge: | | | |

| Employment Experience (List most recent first) | | | | | |
|--|----|----------------|-------------------|-----|--|
| Employer 1: | | | Type of Business: | | |
| Address: | | | Job Title: | | |
| Salary: | \$ | Employed From: | | To: | |
| Reason For Leaving: | | | | | |
| Employer 2 : | | | Type of Business: | | |
| Address: | | | Job Title: | | |
| Salary: | \$ | Employed From: | | To: | |
| Reason For Leaving: | | | | | |
| Employer 3: | | | Type of Business: | | |
| Address: | | | Job Title: | | |
| Salary: | \$ | Employed From: | | To: | |
| Reason For Leaving: | | | | | |

| Athletic Experience (List your most recent coaches) | | | | | |
|---|--|--|----------|--|------------|
| Coach 1: | | | Team: | | Contact #: |
| School: | | | Address: | | Sport: |
| Coach 2: | | | Team: | | Contact #: |
| School: | | | Address: | | Sport: |
| Coach 3: | | | Team: | | Contact #: |
| School: | | | Address: | | Sport: |

| Physical Record | |
|-----------------------------------|--|
| Do you have any physical defects? | |
| Were you ever seriously injured? | |
| If yes, please explain: | |
| | |

NOTE: ONLY FULLY COMPLETED APPLICATIONS WILL BE CONSIDERED

Updated 12/29/14

| Personal References (List 3 references not related to you whom you have known for at least one year) | | | |
|---|--|---------------|--|
| Reference 1: | | Relationship: | |
| Address: | | Business: | |
| Years of Acquaintance: | | Phone Number: | |
| Reference 2: | | Relationship: | |
| Address: | | Business: | |
| Years of Acquaintance: | | Phone Number: | |
| Reference 3: | | Relationship: | |
| Address: | | Business: | |
| Years of Acquaintance: | | Phone Number: | |

| Emergency Information | | | |
|----------------------------------|--|---------------|--|
| In case of an emergency, notify: | | | |
| Name: | | Relationship: | |
| Address: | | Phone Number: | |
| | | | |
| Name: | | Relationship: | |
| Address: | | Phone Number: | |

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL.

Name: _____ Date: _____

| |
|---------------------------|
| Requested Days Off/Leave: |
|---------------------------|