



Dewey Beach Patrol
 105 Rodney Avenue, Dewey Beach, DE 19971
 Phone: 302.227.6363 • Fax: 302.227.6164
 Email: todd@townofdeweybeach.com
 Website: www.townofdeweybeach.com



2020 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.

The Dewey Beach Patrol will consider accommodations required for the applicant who meet the essential functions without jeopardizing people's safety.

Name _____ 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 legally able to work in the United States
(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 _____
- ◆ 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? _____

NOTE: ONLY FULLY COMPLETED APPLICATIONS WILL BE CONSIDERED

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:		
Employed From:				To:	
Reason For Leaving:					
Employer 2:			Type of Business:		
Address:			Job Title:		
Employed From:				To:	
Reason For Leaving:					
Employer 3:			Type of Business:		
Address:			Job Title:		
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:	

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:		

NOTE: ONLY FULLY COMPLETED APPLICATIONS WILL BE CONSIDERED

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:

NOTE: ONLY FULLY COMPLETED APPLICATIONS WILL BE CONSIDERED