



EMPLOYMENT APPLICATION

Choices for Community Living

CCL DELAWARE Inc.

TEL 302-677-1375 FAX 302-677-1380

Position(s) you are applying for _____ Where you previously employed by us? Yes No

On what date would you be available for work? _____ Today's date _____

If hired, you are required to submit proof of your eligibility to work in the U.S.A.; drug and criminal background screenings required.

Last Name _____ First Name _____ Middle _____

Address _____ City _____ State _____ Zip _____

Telephone Number(s) Day () _____ Evening () _____

What is the best time to call you? _____

Are you over the age of eighteen? Yes No Social Security Number _____

◆ **Employment History** List most recent employment first

| | | |
|--|---|--|
| Business/Company Name, Address and Phone Your Supervisor's Name | From _____ (mo.) _____ (yr.) To _____ (mo.) _____ (yr.) Weekly Salary Starting Last | Describe the work you did. Reason(s) for leaving. |
|--|---|--|

| | | |
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|--|---|--|

I grant permission for CCLDelaware to contact the employers listed above concerning my work experience.

Company _____ Yes No Company _____ Yes No Company _____ Yes No

◆ **Education**

College _____ Years Completed 1 2 3 4 Course of Study/Degree(s) _____

High School _____ Years Completed 1 2 3 4 Did you graduate? Yes No

Elementary School _____ Years Completed 5 6 7 8

Other job-related training or education _____

Signature of Applicant _____