

Delaware Claims Agency, LLC

INSTRUCTIONS FOR EMPLOYMENT APPLICATION

1. Print out the application. All applications should be submitted in writing.
2. Complete all applicable sections on the application.
3. All applications should be placed in a sealed envelope addressed to the Director of Human Resources to the following location:

Delaware Claims Agency, LLC
P.O. Box 515
Wilmington, DE 19801

4. Any inquiries regarding the status of applications submitted to Delaware Claims Agency, LLC may be directed to (302) 254-2100.

Job and eligibility status:

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? Yes No
If yes, please provide date: _____

Have you ever been employed with us? Yes No
If yes, please provide date: _____

Do any of your friends or relatives, other than spouse, work here? Yes No
If yes, state name and relationship: _____

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

Date available to work: _____ / _____ / _____ Salary desired? _____

Are you available to work: Full Time Part Time Temporary / Seasonal

Best time to contact you at home is: _____ : _____ am pm

Work experience:

(Start with your present or latest job. Include any job-related military service assignments. Exclude organizations which indicate gender, race, color, religion, national origin, disabilities or other protected status.)

Date (month/year)	Name, Address and Phone Number	Salary	Position	Reason for leaving
From:				
To:				
From:				
To:				
From:				
To:				

Describe all job-related training received in the United States military:

Personal and professional references:

(Give the names of three persons not related to you, whom you have known at least one year.)

Name	Address and Phone Number	Business	Years Acquainted

Investigation:

It is my understanding that this organization routinely performs criminal background checks and Division of Motor Vehicle checks on all prospective employees.

Name: _____ Driver's License # & State: _____

Signature: _____ Date: _____

Applicant's statement:

I certify that all information submitted by me on this application is true and complete.

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 one hundred-twenty (120) days. Any applicant wishing to be considered for employment beyond this time should inquire as to whether or not applications are being accepted at this 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: _____

Date: _____

For office use ONLY. Do not write in the area below.

Interviewed by: (1) _____ (2) _____ (3) _____ Date: _____

Hired: Yes No Position: _____

Salary / Wage: _____ per annum per hour

Date reporting for work: _____ / _____ / _____