



Delaware Sleep Disorder Centers

Partners For Sleep Health

261 Chapman Road Suite 100

Newark, DE 19702

302-449-9314

EMPLOYMENT APPLICATION

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

Please read and answer the questions below, please use N/A if not applicable. Please print using blue or black ink. All answers are subject to verification.

POSITION YOU ARE APPLYING FOR: _____

The personal information that you provide is for verification during a criminal background check.

Name _____ Date _____

List ALL OTHER names you have used or been known by i.e., nicknames, initials, maiden name. Provide the month and year applicable to the time you used or were know by the other name.

OTHER NAME	From Mo./Yr.	To Mo./Yr.
_____	_____	_____
_____	_____	_____
_____	_____	_____

Telephone # _____ Alternate Telephone # _____

Emergency Contact Name _____ Telephone # _____

Your Address _____

City _____ State _____ Zip _____ Social Security # _____

DOB _____ Driver's License Number and State Issued _____

List any other states that have issued a driver's license to you. _____

Have you applied here before? Yes No When? _____ Position applied for? _____

When available to start? _____ Full time Part time Contracted (1099)

Are you a citizen of the United States of America? Yes No

If NO, answer the next 2 questions.

Yes No Are you a permanent resident alien who is eligible for and has applied for citizenship?

Yes No Have you obtained permission from INS (Immigration and Nationalization) to work in the US?

EMPLOYMENT EXPERIENCE

Start with your present or most recent employer and provide employment history for the last 10 years.

Employer _____
Address _____ City _____ State _____ Zip _____
Phone _____ Supervisors' Name _____
Job Title _____ Reason for leaving _____
Dates of Employment: From _____ To _____ Yes No May we contact this employer?
If "no", please explain: _____

Employer _____
Address _____ City _____ State _____ Zip _____
Phone _____ Supervisors' Name _____
Job Title _____ Reason for leaving _____
Dates of Employment: From _____ To _____ Yes No May we contact this employer?
If "no", please explain: _____

Employer _____
Address _____ City _____ State _____ Zip _____
Phone _____ Supervisors' Name _____
Job Title _____ Reason for leaving _____
Dates of Employment: From _____ To _____ Yes No May we contact this employer?
If "no", please explain: _____

Employer _____
Address _____ City _____ State _____ Zip _____
Phone _____ Supervisors' Name _____
Job Title _____ Reason for leaving _____
Dates of Employment: From _____ To _____ Yes No May we contact this employer?
If "no", please explain: _____

If you need additional space, please use a blank sheet.

EDUCATION

High School Diploma/ GED Associates Degree Bachelor's Degree Master's Degree

Technical Schools/ Colleges Attended:

Years

Year Grad and Degree

_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe any special skills, qualifications, licenses and or certifications you have that may be helpful with this job:

FORMER RESIDENCES

Please list your residences for the past ten years. Begin with your current residence and list in reverse chronological order. There should not be any gaps between residency dates.

Street Name, Unit #, City, State, Zip	From Mo./Yr.	To Mo./Yr.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CRIMINAL HISTORY

Have you ever been arrested for or convicted of a Misdemeanor or Felony Offense (excluding minor traffic offense)?
 Yes No

If Yes, Please Identify below:

Date of Arrest:	Place of Arrest:	Charge(s):	Disposition:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview may result in termination.

Signature _____ Date _____