

**Meals On Wheels Of Lewes & Rehoboth
Service Application**

**Meals On Wheels of
Lewes & Rehoboth Inc
32409 Lewes Georgetown
Lewes, DE 19958**

We are a non-profit, equal opportunity agency dedicated to a policy of non-discrimination on any basis including race, age, sex, religion, disability or national origin. Our agency serves primarily residents over the age of 60 that may have a numerous amount of medical problems. Due to the fact that you, on occasion, will be subjected to emergency situations, confidentiality, hazardous road conditions, etc. during the course of your employment work, the following information is requested to protect you the employee, our organization and its' recipients.

PERSONAL INFORMATION

Name: _____ Nickname (if applicable) _____ Email: _____

Home address: _____

Mailing address: _____

Telephone: () _____ - _____ Cell phone: () _____ - _____ Birthdate: ____/____/____

Drivers license number: _____ State issued: _____ Auto Insurance Company: _____

Have you ever been convicted of a crime (Misdemeanor or Felony)? _____ If yes; please give details _____

EMPLOYMENT HISTORY

	Business/ Agency Name and address	Supervisors name	Telephone number	Years employed	Reason for leaving
1					
2					

PERSONAL REFERENCES

(Please list three people *not related* to you that you have known for at least one year)

Name	Telephone number	Relationship	Years acquainted

Emergency contact: _____
Name
Telephone number
Relationship

Are there any medical conditions that may limit your ability to perform the work that you are assigned? _____

Disclosure

I certify that the facts contained in this application (along with any accompanying documents) are true and complete to the best of my knowledge. By signing this application I authorize the above organization to perform a background check including, but not limited to;

- | References
- | Previous employers
- | Driving record

Please note; a less than perfect record does not necessary eliminate the opportunity to hold a position with our agency. Some examples of unacceptable misconduct are as follows; Crimes of violence, sexual offenses, excessive traffic violations, hate crimes as well as crimes of theft.

I also understand by signing this application that I agree to keep in strictest confidence any and all information pertaining to the membership as a whole, i.e., clients, families of clients, Board of Directors and staff.

I release Meals on Wheels of Lewes & Rehoboth, Inc. from any liability associated with this application and/or accompanying documents. ** Incomplete or missing information on this application or accompanying documents could delay or hinder our hiring procedures. **

Sign here: _____ Date: _____

OFFICE USE ONLY

	YES	NO	COMMENTS
References checked			
Previous employer checked			
AA Registry checked			
Driving record obtained (Optional)			
Criminal background checked (Optional)			
Employee hired			Date: