

Meals on Wheels Lewes-Rehoboth

32409 Lewes Georgetown Highway, Lewes DE 19958

Service Application

We are a non-profit, equal opportunity agency dedicated to a policy of non-discrimination on any basis including race, age, sex, religion, disability, sexual orientation or national origin. Our agency serves primary 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: _____ Birthday: ____ / ____ / ____

Home address: _____

Mailing address: _____

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

Driver's 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	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 follow; crimes of violence, sexual offences, excessive traffic violations, hate crime, 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, Board of Directors and staff.

I release Meals on Wheels 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			
CRIMINAL BACKGROUND CHECKED			
EMPLOYEE HIRED			