



## DELAWARE INSTITUTE OF HEALTH SCIENCES INC.

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### Employment Application

Full Name (last name first): \_\_\_\_\_

Have you ever worked or attended school under any other name(s)?  Yes  No

If answered "yes" to the above question, give name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate phone number: \_\_\_\_\_

Contact person in case of emergency: \_\_\_\_\_ (H): \_\_\_\_\_

(W): \_\_\_\_\_

Are you legally authorized to work in the United States?  Yes  No

Are you 18 years old or older?  Yes  No

If not, please give your date of birth: \_\_\_\_\_

Is there anything that may limit your ability to perform any functions of the job for which you are applying?  Yes  No

If yes, describe:

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Have you ever been convicted of a felony (record of conviction does not necessarily disqualify the applicant from employment)?  Yes  No

If yes, explain:

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Computer experience:  Yes  No      Typing speed: \_\_\_\_\_ wpm

Microsoft word, Excel, Power Point, Microsoft access:  Yes  No

Hardware/software skills: \_\_\_\_\_

## **JOB INTEREST**

How were you referred to us?

- Newspaper
- Internet
- Family/friend
- Yellow pages
- Other (please explain): \_\_\_\_\_

Applying for:  Full time  Part time  Intermittent employment

What position are you applying for? \_\_\_\_\_

Teaching experience:  Yes  No: If yes, how many years? \_\_\_\_\_

Clinical Instructor experience:  Yes  No: If yes, how many years? \_\_\_\_\_

If you are hired, when can you start work? \_\_\_\_\_

Expected salary: (Annual) \_\_\_\_\_

Do you want benefits? :  Yes  No

## **EDUCATION**

### Trade School

Name of School: \_\_\_\_\_

Location: \_\_\_\_\_

Number of years attended: \_\_\_\_\_

Did you graduate?  Yes  No Date of graduation: \_\_\_\_\_

### College

Name of School: \_\_\_\_\_

Location: \_\_\_\_\_

Number of years attended: \_\_\_\_\_

Did you graduate?  Yes  No. Date of graduation: \_\_\_\_\_

What degree did you earn? \_\_\_\_\_

### Graduate School

Name of School: \_\_\_\_\_

Location: \_\_\_\_\_

Number of years attended: \_\_\_\_\_

Did you graduate? [ ] Yes [ ] No Date of graduation: \_\_\_\_\_

What degree did you earn? \_\_\_\_\_

Other

Name of School: \_\_\_\_\_

Location: \_\_\_\_\_

Number of years attended: \_\_\_\_\_

Did you graduate? [ ] Yes [ ] No Date of graduation: \_\_\_\_\_

What degree did you earn? \_\_\_\_\_

List of Licenses, Certifications with States of Licensure & Expiration Date:

\_\_\_\_\_

CPR with AED: [ ] Yes [ ] No : Expiration date \_\_\_\_\_ (must submit a copy)  
**(FOR INSTRUCTORS ONLY)**

**EMPLOYMENT HISTORY**

Beginning with your most recent employment and working back in time, please give the following information:

Employer 1

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Base rate of pay: Start \$ \_\_\_\_\_ Per \_\_\_\_\_ Ending \$ \_\_\_\_\_ Per \_\_\_\_\_

Other compensation: \_\_\_\_\_

Supervisor (name and title): \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer 2

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Base rate of pay: Start \$ \_\_\_\_\_ Per \_\_\_\_\_ Ending \$ \_\_\_\_\_ Per \_\_\_\_\_

Other compensation: \_\_\_\_\_

Supervisor (name and title): \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

### Employer 3

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Base rate of pay: Start \$ \_\_\_\_\_ Per \_\_\_\_\_ Ending \$ \_\_\_\_\_ Per \_\_\_\_\_

Other compensation: \_\_\_\_\_

Supervisor (name and title): \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

### **PERSONAL REFERENCES**

Please provide the names of two references that have not employed you and are not related to you.

#### Reference 1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

#### Reference 2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

**ADDITIONAL QUALIFICATIONS**

Please tell us about any other training, education, skills or achievements that you feel should be considered.

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Languages:  French  Spanish  Sign language  Other

Management experience (only include experience within last 3 years):

Supervisor  Program Director  Assistant Program Director  Director of Nursing  Administrator, Other (indicate):\_\_\_\_\_

**JOB DESCRIPTION**

Attached to this application is a complete job description. Please review it carefully. In the space provided below, please explain generally your ability to perform the listed duties. If you are called for a job interview, please be prepared to discuss this more fully at that time.

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If hired, this job requires you to sign a separate contract that will be presented to you during orientation. The contract will be a minimum of one-year agreement. Are in a position to sign such contract?  Yes  No (applies to instructors only)

Others: N/A

My answers are true and complete. I understand that if I am hired, any false or incomplete statements in this application will be grounds for immediate discharge.

Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_