

Personnel Use Only JR'sYesNo Comments:
Rater:Date:

EMPLOYMENT APPLICATION For Toll Collector, Casual Seasonal ONLY

Name				
Last	First	Middle Initial		
Mailing Address, City, State & Zip	E-mail Address:			
	Home Phone: Business Phone:			
	May we call you at work?	Yes No		
	Cell Phone:			
Job Applied for: Toll Collector,	Casual Seasonal ONLY			
Job Location/Select:				
☐Yes ☐ No Dover	☐Yes ☐ No Do	ver and Biddles only		
☐Yes ☐ No Biddles Corner (Rt.1 nr. Senator Roth	Bridge) Yes No Dov	ver and Newark only		
☐Yes ☐ No Newark (I-95 Tolls)	☐Yes ☐ No Bid	dles and Newark only		
Present State of Delaware Employee	☐Yes ☐ No ☐ Merit ☐	Other Seasonal		
Past State of Delaware Employee	☐Yes ☐ No ☐ Merit ☐	Other Seasonal		
State of Delaware Pensioner (Receiving a Pension Check)	Yes No Retirement date			
Driver's License (State) Type:	Number: Expirat	ion Date:		
Employment Dismissals: Have you been involuntarily discharged or forced to resign from State employment in the last 3 years? <i>If yes, give details:</i> Yes No				
The State requires verification of identity a	nd eligibility for employment in the Unit	ed States.		
Are you lawfully permitted to work in the without employment based sponsorship?	United States beyond a temporary period	□Yes □ No		
If you are a male, born after January 1, 196 if required to register? Proof of registration	•	ice, Yes No		

EDUCATION/TRAINING

Have you graduated from high school or passed the G.E.D.?				
Have you attended vocational and/or business school?				es No
Did you attend college, unive	Did you attend college, universities, or other technical schools beyond high school? Yes No			
_	, as part of the Job R	equirements, must have been sity in order to meet the Job R		
School Name	Location	Dates Attended	Major/Mino	Type of Degree Received
		onal or vocational competenc		
License/Certification Re	egistration Type	Issued by/Number	Ex	piration Date
Other Job-Related Training:				
Course Title	Train	ing Provider	Dates Attende	ed

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EMPLOYMENT HISTORY

Employed	Job Title:	Hourly or Annua
From:	Employer:	Salary:
10111.	Location:	Start:
MM/DD/YEAR	Supervisor Name:	Hours per Week
To:	Supervisor Title:	Hours per week
10.	Supervisor Phone No.:	
MM/DD/YEAR	Reason for Leaving:	
VIIVI/DD/ TD/ IIC	Describe your duties:	
Employed	Job Title:	Hourly or Annua
From:	Employer:	Salary:
	Location:	Start:
MM/DD/YEAR	Supervisor Name:	Hours per Week
Го:	Supervisor Title:	
10.		
	Supervisor Phone No.:	
	Supervisor Phone No.: Reason for Leaving: Describe your duties:	
	Reason for Leaving:	Hourly or Annua
MM/DD/YEAR Employed	Reason for Leaving: Describe your duties: Job Title: Employer:	Salary:
MM/DD/YEAR Employed From:	Reason for Leaving: Describe your duties: Job Title: Employer: Location:	Salary: Start:
Employed From:	Reason for Leaving: Describe your duties: Job Title: Employer: Location: Supervisor Name:	Salary:
Employed From:	Reason for Leaving: Describe your duties: Job Title: Employer: Location: Supervisor Name: Supervisor Title:	Salary: Start:
Employed From: MM/DD/YEAR From:	Reason for Leaving: Describe your duties: Job Title: Employer: Location: Supervisor Name: Supervisor Title: Supervisor Phone No.:	Salary: Start:
Employed From: MM/DD/YEAR From:	Reason for Leaving: Describe your duties: Job Title: Employer: Location: Supervisor Name: Supervisor Title: Supervisor Phone No.: Reason for Leaving:	Salary: Start:
MM/DD/YEAR	Reason for Leaving: Describe your duties: Job Title: Employer: Location: Supervisor Name: Supervisor Title: Supervisor Phone No.:	Salary: Start:
Employed From: MM/DD/YEAR From:	Reason for Leaving: Describe your duties: Job Title: Employer: Location: Supervisor Name: Supervisor Title: Supervisor Phone No.: Reason for Leaving:	Salary: Start:
Employed From: MM/DD/YEAR Fo: MM/DD/YEAR Employed	Reason for Leaving: Describe your duties: Job Title: Employer: Location: Supervisor Name: Supervisor Title: Supervisor Phone No.: Reason for Leaving: Describe your duties: Job Title: Employer:	Salary: Start: Hours per Week
Employed From: MM/DD/YEAR To: MM/DD/YEAR Employed From:	Reason for Leaving: Describe your duties: Job Title: Employer: Location: Supervisor Name: Supervisor Title: Supervisor Phone No.: Reason for Leaving: Describe your duties: Job Title: Employer: Location:	Salary: Start: Hours per Week Hourly or Annua Salary: Start:
Employed From: MM/DD/YEAR To: MM/DD/YEAR Employed From: MM/DD/YEAR	Reason for Leaving: Describe your duties: Job Title: Employer: Location: Supervisor Name: Supervisor Title: Supervisor Phone No.: Reason for Leaving: Describe your duties: Job Title: Employer: Location: Supervisor Name:	Salary: Start: Hours per Week Hourly or Annua Salary:
Employed From: MM/DD/YEAR To: MM/DD/YEAR Employed From: MM/DD/YEAR	Reason for Leaving: Describe your duties: Describe your duties: Describe your duties: Employer: Location: Supervisor Name: Supervisor Phone No.: Reason for Leaving: Describe your duties: Job Title: Employer: Location: Supervisor Name: Supervisor Name: Supervisor Title:	Salary: Start: Hours per Week Hourly or Annua Salary: Start:
Employed From: MM/DD/YEAR To: MM/DD/YEAR To: Employed From:	Reason for Leaving: Describe your duties: Job Title: Employer: Location: Supervisor Name: Supervisor Title: Supervisor Phone No.: Reason for Leaving: Describe your duties: Job Title: Employer: Location: Supervisor Name:	Salary: Start: Hours per Week Hourly or Annua Salary: Start:

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JOB REQUIREMENTS

Please describe how your education, training, and experience meet **each** Job Requirement below. Include all work experience and skills related. Please *do not* submit copies of letters or training certificates, unless stated as a requirement.

a requi	rement.
1.	Knowledge of math such as addition, subtraction, multiplication, division, percentages, or decimals.
2.	Knowledge of customer service which includes providing prompt, accurate, and courteous service to customers, seeking information, answering requests as quickly as possible ensuring customers are satisfied with service, and responding to complaints.
3.	Knowledge of working with money and making change.
4.	Knowledge of using an automated information system to enter, update, modify, delete, retrieve/inquire and report on data.

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SUPPLEMENTAL JOB CONDITIONS FOR TOLL COLLECTOR

- 1. Knowledge of customer service which includes providing prompt, accurate, and courteous service to customers, seeking information, answering requests as quickly as possible, ensuring customers are satisfied with service, and responding to complaints.
- 2. Knowledge of working with money and making change.
- 3. Knowledge of math such as addition, subtraction, multiplication, division, percentages, or decimals.
- 4. Knowledge of using an automated information system to enter, update, modify, delete, retrieve/inquire and report on data.

In addition to the meeting the JOB REQUIREMENTS, all candidates for this position need the following requirements as well.

	you willing and able to work in a booth under adverse weather and environmental conditions, hot, cold, rain, snow, exhaust fumes, etc.)? Yes No			
	• Are you willing and able to lift and carry bundles weighing up to thirty (30) pounds for short distances if required with or without an accommodation? Yes No			
• If there were to be a power outage, are your math skills sufficient to add and subtract without the aid of a calculator? Yes No				
• Are you willing and able to work weekends, holidays, shifts and overtime? Yes No				
• Are you able to deal tactfully with customers, responding to questions and when confronted by rude or irate people? Yes No				
Yes	I have read the SUPPLEMENTAL JOB CONDITIONS QUESTIONNAIRE. To the best of my knowledge, the answers I have provided are true and correct.			
Yes	If offered the position of Toll Collector, I agree to accept the conditions indicated as part of the work requirements of the position.			

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APPLICANT RELEASE OF EMPLOYMENT INFORMATION

READ THIS STATEMENT BEFORE SIGNING THIS APPLICATION:

Information provided on this application may be verified, including, but not limited to, contacting former employers. Any false or substantive omission of information may be cause for rejection or dismissal if employed by the State.

I authorize the release of any information from previous employers or references. If I am a current or former employee of the State of Delaware, I acknowledge that my personnel records shall be subject to review by the hiring agency.

By signing this application, I certify agreement with the terms given above for Applicant Release of Employment Information.

By signing this application, I certify that I have read and understand the conditions of employment as stated below. I also certify that this application was completed by me, that all entries on it are true, and that I seek employment under these conditions.

- Child Support Compliance: State law requires that information on all hires (i.e. Name, Address, Social Security Number, and Date of Hire) be reported to the State for the purpose of locating persons who owe family support. The Division of Child Support Enforcement is authorized to request additional employment and identifying information under special circumstances. Applicants will not be disqualified from employment based on this information.
- Direct Deposit: As a condition of employment, direct deposit of paychecks is required for all new employees.
- Immigration Law: At the time of hire, state employees must meet the documentation requirements of the Immigration Reform and Control Act of 1986.
- Reference Check: Prior to appointment, your education and employment history are subject to verification. At the time of a selection interview, candidates may be required to provide copies of certificates, licenses, diplomas, and course transcripts.

Si	Signature	Date
	Accommodations are available for applicants with disable employment process. To request auxiliary aid or service, plusers should call the Delaware Relay Service Number 1-800-2	lease call (302) 739-5458 for assistance. TDD

An Equal Opportunity Employer

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