

Date: PVA #: Position Title:
Name: (First) (Middle) (Last) (Suffix)

DELAWARE NATIONAL GUARD

STATE EMPLOYMENT



APPLICATION

1 Vavala Way
New Castle, DELAWARE 19720
(302) 326-7477



Application Process

The information collected in this employment application is used to determine your qualification for employment with the Delaware National Guard.

All your answers must be truthful and complete. A false statement on any part of this employment application or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work.

Applicants must meet the following requirements:

- 18 years of age or older at the time of application
- High School Diploma or GED
- General & Specialized Experience as described in the Position Vacancy Announcement
- Possess a valid, unexpired Driver's License (or State issued ID)
- Good moral character

Application Instructions

- All interested applicants for this position must submit a fully completed application.
- Applications must be typed or printed clearly in black or blue ink (typed is preferred)
- **ALL** blanks in the application must be completed or marked appropriately as not applicable (N/A)
- Resume & supporting/miscellaneous documents may be attached, but will not be used as a substitute.
- Application packets should include documented proof of education, training, and work experience deemed necessary to adequately respond to general and specialized experience.
- Professional licenses or education transcripts necessary to validate qualifications should be submitted as required in the PVA.
- Do not include photo copies of awards, letters of commendation, enlisted or officer performance reports, performance appraisals, and personal photos unless specifically requested in the PVA.
- **Application packet must be forwarded to Delaware National Guard, ATTN: NGDE-HRO-SP via email to: ng.de.dearnrg.list.hro-state@army.mil as one (1) adobe file no later than 5:30:00 p.m. on the business day of the closing date on the posting.** Please verify that the email has been entered correctly. If you do not receive an email stating receipt of application within 2 business days, please reach out to us (302)326-7477.
- Applications received **AFTER** the application deadline **WILL NOT BE CONSIDERED.**
- Applications which are incomplete in **ANY** way will be disqualified from consideration

Document Checklist

The following documents **MUST** be attached for your application to be considered complete. Failure to attach any of the following documents will result in your application being disqualified from consideration.

- Copy of unexpired Driver's License (Front & Back) or State Issued ID
- Resume
- Copy of Diploma(s), Transcripts, License, or Certificates
- Copy of DD Form 214, if applicable

Evaluation Method

All applicants will be evaluated against the mandatory qualifications identified on the specific position vacancy announcement in accordance with National Guard Bureau and/or Office of Personnel Management Qualifications Standards. Evaluation is based on the information provided by the applicant to determine if the individual possesses the minimum qualifications necessary to perform the duties and responsibilities of the position.

Quality of Experience

Length of time is not of itself qualifying. Applicant's experience will be evaluated on the basis of duties performed rather than strictly on the rank of the individual or length of time in a position. The applicant's record of experience, training, and education must show possession of the knowledge, skills and abilities needed to fully perform the duties of the position.



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Application Instructions (Continued)

Applications must be typed or clearly printed in ink. **All questions must be answered.** If the question does not apply to you, indicate such by marking "N/A" in the appropriate area. To furnish additional information, use a blank paper the same size as this application. Applicants must understand that all appointments are probationary for a period of twelve (12) months.

Any employment is contingent upon the results of a complete background and security clearance investigation, and applicants must be aware that **willfully withholding information or making false statements on this application will be the basis for dismissal.** All applicants must agree to these conditions and certify that all statements are true to the best of their knowledge.

The signature of the applicant on this form indicates such agreement. Any doubts the applicant has concerning the meaning or applicability of the questions and statements forming this application are to be directed to the Human Resources Office – State Personnel Branch prior to submitting the completed form.

After carefully reading the above instructions sign and date below.

APPLICANT'S SIGNATURE:

DATE:



State of Delaware EEO/AA Information

Date:

PVA #:

Position Title:

It is the policy of the State of Delaware to assure equal and fair treatment in all aspects of employment opportunities and to not discriminate on the basis of, race, color, religion, national origin, age, sex, mental or physical disability, marital status, sexual orientation, genetic information, gender identity or expression or veteran or military status, and victims of domestic violence, sexual assault, and/or stalking.

The information requested in this voluntary applicant survey will be used to assist state agencies in complying with state and federal record keeping and reporting requirements.

Please provide the following information to document and assess the effectiveness of our Affirmative Action Program. Hiring Managers will not have access to this page, and it will not impact hiring decisions.

Disability Are you a person with a disability as covered under the Americans with Disabilities Act? Yes No

Age Group 18-24 25-29 30-39 40-49 50-59 60 or more

Ethnicity (Please check only one choice which best describes your race/ethnicity)

American Indian/Alaskan Native

American Indian or Alaskan Native-Non Hispanic or Latino

Hispanic

Hispanic or Latino

Black

Black or African American-Non Hispanic or Latino

White

White-Non Hispanic or Latino

Asian

Asian-Non Hispanic or Latino

Native Hawaiian or other Pacific Islander

Native Hawaiian or other Pacific Islander-Non Hispanic or Latino

Two or more Races

Two or more Races-Non Hispanic or Latino

Gender: Male Female Other

Additional Information

Are you lawfully permitted to work in this country? Yes No

The State requires verification of identity and eligibility for employment in the United States.

How did you find out about this position?

Please identify specific source if not indicated "specify ."

Date: PVA #: Position Title:

Name:

(First)

(Middle)

(Last)

(Suffix)

Personal Information

Date of Birth:

Social Security Number:

Home Address:

(Street)

(City)

(State)

(Zip)

County:

Is your mailing address the same as your home address? Yes

No

Mailing Address:

(Street)

(City)

(State)

(Zip)

Telephone Numbers:

Cell Phone:

Ok to leave message? Yes No

Home Phone:

Ok to leave message? Yes No

Business Phone:

Ok to leave message? Yes No

Extension:

Education

Have you graduated from high school or passed the G.E.D.? Yes No

Have you attended a vocational or business school? Yes No

Did you attend college, universities, or other technical schools beyond high school? Yes No

A degree, if part of the Job Requirements, must have been issued from an accredited college or university in order to meet the Job Requirements.

Please provide copies to verify education and schools completed. (i.e..., Registered Nurse, Social Worker, Plumbing, Electrical, Firefighter, National Registry of Emergency Medical Technician Basic Certifications, etc...):

| Type of School | Institution Name | From (MM/YYYY) | To (MM/YYYY) | Status |
|----------------|------------------|-------------------|-----------------|--------|
| | | | | |

Driver's License

Are you a licensed automobile operator? Yes No

If "Yes", Please provide a photocopy of driver's license, front and back. If no, please provide a state issued identification card.

Current and Previous State of Delaware Employment

Employee ID:

Type of Employment:

Present State of Delaware employee? Yes No

Previous State of Delaware employee? Yes No

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Selective Service Registration

If you are a male born after January 1, 1960, have you registered with the Selective Service if required to register?

Yes No NA

Military Service

Have you ever been in the United States Armed Forces? Yes No

Have you ever been in the National Guard? Yes No

~ If you answered "Yes" to either question above, list the branch, dates, and type of discharge for all active duty.

~ If you answered "Yes" to either question above, complete

If you answered "Yes" to either question above, provide a copy of your DD214.

~ If your only active duty was training in the Reserves or National Guard, answer "No" to the above questions.

Current and Previous Member/Employee of Delaware National Guard

Present/Past Member of Delaware National Guard? Yes No

If "Yes", please provide unit of assignment:

Have you ever worked full-time for Delaware National Guard? Yes No

| Status (Active, National Guard, Reserve) | Indicate State If National Guard | Branch | From (MM/YYYY) | To (MM/YYYY) | Type of Discharge |
|--|----------------------------------|--------|-------------------|-----------------|-------------------|
| | | | | | |

Veteran Information

Are you claiming preference as a Veteran of the armed forces of the United States who served as an active member and was honorably discharged; as a member of Delaware National Guard or a Delaware Reserve unit with at least 20 years of membership; or as an unremarried widow or widower of a deceased veteran, a spouse of any member of the armed forces serving on active duty who, at the time of application for the priority, is listed in one or more of the following categories and has been so listed for a total of more than 90 days: 1. Missing in action; 2. Captured in line of duty by a hostile force; or 3. Forcibly detained or interned in line of duty by a foreign government or power; or a spouse of a veteran who has a disability resulting from a service connected disability? Yes No

Preference will be given to applicants who: (Select appropriate category below)

1. Are veterans of the armed forces of the United States (Army, Navy, Air Force, Marine Corps, and Coast Guard), who served as an active member of the armed forces of the United States and were honorably discharged.
2. Are members of Delaware National Guard or a Reserve unit located within Delaware, with at least 20 years of membership?
3. Are a Spouse of any of the following:
 - a. Any veteran or member who qualifies under section 1. or 2. of this section who has died, so long as the widow or widower has not remarried;
 - b. Any member of the armed forces serving on active duty who, at the time of application for the priority, is listed in 1 or more of the following categories and has been so listed for a total of more than 90 days:
 - i. Missing in action;
 - ii. Captured in line of duty by a hostile force; or
 - iii. Forcibly detained or interned in line of duty by a foreign government or power; or
 - c. Any veteran or member who qualifies under 1 or 2 of this section who has a disability resulting from a service connected disability.

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Employment

Please provide the below details of your current or most recent position.
Attach your resume to this application, please provide all of your relevant experience.
List all positions you have held with any agency.

Employer: # Employees Supervised:

Date of Employment (IMM/YYYY): Job Title: From: To:

Average # hours worked per week:

Full-Time Part-Time

My present employer may be contacted: Yes No

Still Employed? Yes No

Reason for Leaving:

References (List four (4) professional and/or character references. (These are not to be relatives).

Name: Phone:

Occupation: Email:

Relationship: Years known:

Name: Phone:

Occupation: Email:

Relationship: Years known:

Name: Phone:

Occupation: Email:

Relationship: Years known:

Name: Phone:

Occupation: Email:

Relationship: Years known:

Date: PVA #: Position Title:
Name:

Veterans' Preference

Veterans' Preference: Veterans who successfully meet the minimum qualifications and any special qualifications for the position, will be granted the appropriate preference points which will be added to their total ranking score.

Preference will be given to applicants who:

1. Are veterans of the armed forces of the United States (Army, Navy, Air Force, Marine Corps, and Coast Guard), who served as an active member of the armed forces of the United States and were honorably discharged.
2. Are members of Delaware National Guard or a Reserve unit located within Delaware, with at least 20 years of membership.
3. Are a Spouse of any of the following:
 - a. Any veteran or member who qualifies under section 1. or 2. of this section who has died, so long as the widow or widower has not remarried;
 - b. Any member of the armed forces serving on active duty who, at the time of application for the priority, is listed in 1 or more of the following categories and has been so listed for a total of more than 90 days:
 - i. Missing in action;
 - ii. Captured in line of duty by a hostile force; or
 - iii. Forcibly detained or interned in line of duty by a foreign government or power; or
 - c. Any veteran or member who qualifies under 1 or 2 of this section who has a disability resulting from a service connected disability.

Preference shall be confined to original entrance to State Merit employment and shall not be applied to promotion within the classified service or to retention in case of reduction in force.

To claim preference you must meet one of these categories and submit the necessary forms listed below:

Veterans, Delaware Reservists (who served active duty), widows or widowers who have not remarried, and spouses of veterans with a disability, must submit a legible copy of Form DD214. If applicable, evidence of disability must also be submitted (a VA letter indicating disability).

Form 1300 must be submitted for spouses of any member of the armed forces serving on active duty who, at the time of application for the priority, is listed in one or more of the following categories and has been so listed for a total of more than 90 days: 1. Missing in action; 2. Captured in line of duty by a hostile force; or 3. Forcibly detained or interned in line of duty by a foreign government or power.

Form NGB-22 must be submitted for Delaware National Guard members and widows or widowers who have not remarried, and spouses of Delaware National Guard members with a disability.

Form DD256 must be submitted by Delaware Reservists who did not serve active duty.

All forms must be attached to this application and submitted by 4:30 p.m. on the business day following the closing date on the posting.

Veterans requiring additional Information regarding DD214's may contact the Commission of Veterans Affairs at 1-800-344-9900.

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EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings. FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered service member during a single 12-month period. A covered service member is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the service member medically unfit to perform his or her duties for which the service member is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms. Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities. Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days' advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days' notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures. Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility. Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer. FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

For additional information: 1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627 WWW.WAGEHOUR.DOL.GOV

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Name:

I, the undersigned, do hereby certify that, to the best of my knowledge and belief, all of the information provided by me in my application for employment and any attached application material, is true, correct, complete, and made in good faith.

I understand that a false or fraudulent answer to any question or item on any part of this application for employment or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purpose of determining eligibility for employment as allowed by law or Presidential order.

I consent to the release of information about my ability and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialist, and other authorized employees or representatives of the Delaware National Guard.

I understand that for financial and lending institutions, medical institutions, hospitals, health care professionals, and some other source of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

I understand that if I am permitted to begin my employment or assignment before the results of a medical examination, reference check, consumer report, or investigative report are complete, my continued employment is contingent upon those results, as well as my ability to perform the duties of my position with or without reasonable accommodation.

I understand that if I am hired by the Delaware National Guard, I am aware I will be required to provide verification of my identity and eligibility for employment in the United States.

I understand that I must successfully complete a one (1) year probationary period. The probationary period is the initial one year intended to ensure the employee is capable of performing the duties of the job and to determine whether they have the qualities needed for continued employment.

I certify that if I am a male, born after January 1, 1960, and if required to register, I have registered for Selective Service. I understand that I may be required to document registration.

APPLICANT'S SIGNATURE:

Date: