

**Town of Dover**  
 37 N. Sussex Street  
 Dover, NJ 07801  
 (973) 366-2200  
 Fax: (973) 328-6524



**Victoria Dobrusin**  
 Human Resources Director  
 vdobrusin@dover.nj.us

# Employment Application

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

## APPLICANT INFORMATION

Full Name		Social Security # (Last 4 only)	
		XXX-XX-	
Current Address (Street, City, State, Zipcode)			
Primary Phone Number		E-mail	
Are you legally authorized for employment in the United States?		Yes _____ No _____	
<i>Proof of citizenship or work authorization will be required upon hire.</i>			
Position(s) being applied for:		How did you hear about this opportunity?	
Were you previously employed by the Town of Dover?		If you are offered employment, when can you start?	
Yes _____ No _____ If so, when?			
List special skills which benefit the position you are applying for?		Desired salary:	

## EDUCATION

	High School	College/University	Other
School Name			
Location			
Did you graduate?			
Degree or Certification			

## PROFESSIONAL REFERENCES

Name	Email Address	Telephone

# EMPLOYMENT APPLICATION

## EMPLOYMENT HISTORY (Start with your current or most recent employment)

### Employer #1

Company		Type of Business
Address		Telephone
Job Title		Supervisor
Employment Dates	Work Performed	
Reason for Leaving		May we contact this employer? Yes _____ No _____

### Employer #2

Company		Type of Business
Address		Telephone
Job Title		Supervisor
Employment Dates	Work Performed	
Reason for Leaving		May we contact this employer? Yes _____ No _____

### Employer #3

Company		Type of Business
Address		Telephone
Job Title		Supervisor
Employment Dates	Work Performed	
Reason for Leaving		May we contact this employer? Yes _____ No _____

## EMPLOYMENT APPLICATION

### UNDERSTANDING AND AGREEMENT:

As an applicant for a position with The Town of Dover, I understand and agree that I must provide truthful and accurate information in this application and throughout the interview process. I understand that my application may be rejected if any information is not complete, true and accurate. If hired, I understand that I may be separated from employment if The Town of Dover later discovers that information on this form and/or during the interview process was incomplete, untrue, or inaccurate. I give The Town of Dover the right to investigate the information I have provided, talk with former employers (except where I have indicated they may not be contacted). I give The Town of Dover the right to secure additional job-related information about me. I release The Town of Dover and its representatives from all liability for seeking such information. I understand that The Town of Dover is an equal opportunity employer and does not discriminate in its hiring practices. I understand that The Town of Dover will make reasonable accommodations as is required by the Americans with Disabilities Act. I understand that, if employed, I may resign at any time and that The Town of Dover may terminate me at any time in accordance with its established policies and procedures. No representatives of The Town of Dover may make any assurances to the contrary. I understand that any offer of employment is subject to job-related medical, physical, drug, or psychological tests. I also understand that some positions may involve complete background and criminal checks. I acknowledge that failure of any of these will result in revocation of the offer of employment.

I understand I must be 18 years of age or older to apply for employment with The Town of Dover.

N.J.S.A. 2C:51-2.d permanently disqualifies from future employment any person convicted of an offense "relating directly to the person's performance in, or circumstances flowing from, the specific public office, position or employment held by the person." Disqualification from public employment relating to a conviction for a disorderly persons or petty disorderly persons offense may be waived by the court upon application of the county prosecutor or the Attorney General and for good cause shown.

*For your application to be considered, you must sign and date below.*

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## VOLUNTARY AFFIRMATIVE ACTION INFORMATION

You are not required to provide this information. Provide only if you are willing.

If you provide the information requested on this page, it will be filed separately from the employment application. This information will be used only for the purpose of the Affirmative Action program.

Name (Last, First, Middle)	
Address	
City, State, Zipcode	
Mobile Phone	Home Phone
Position(s) Applied for:	

### Gender

- Male
- Female
- Non-binary

### Equal Employment Opportunity Groups

- White
- African American
- Hispanic
- American Indian/Alaskan Native
- Asian/Pacific Islander
- Other