

TOWN OF DOVER

EMPLOYMENT APPLICATION



Name (Last, First, Middle)
Address:
City/Town:
Home Phone:
Cell:
Social Security Number:

Position Applied for: _____

How did you hear about this position?

Date you can start: _____ Salary desired: _____

Availability to work: FT PT Temporary

Are you currently employed? Yes No

May we contact you at work? Yes No

May we contact your current employer? Yes No

Do you possess a current drivers license? Yes No

If you are under eighteen years of age, can you provide proof of eligibility to work?

Yes No

Are you legally eligible to work in the United States of America: Yes No

Pursuant to Federal Law, proof of US Citizenship or immigration status will be required if you are hired.

The Town of Dover is an Equal Opportunity Employer

EMPLOYMENT HISTORY:

This section must be completed even if you attach a resume. List your last four employers, major assignments within the same employer. Begin with the most recent. Include any military service. Explain any gaps in employment in the space on this form marked comments located on the bottom of this page.

Employer:	Date started:	Date left:
Address:	Starting Salary:	Final Salary:
Work performed/ responsibilities:		
Job Title:		
Reason for Leaving:		
Supervisor's name and phone number:		
May we contact for a reference: Yes No		
Employer:	Date started:	Date left:
Address:	Starting Salary:	Final Salary:
Work performed/ responsibilities:		
Job Title:		
Reason for Leaving:		
Supervisor's name and phone number:		
May we contact for a reference: Yes No		

Employer:	Date started:	Date left:
Address:	Starting Salary:	Final Salary:
Work performed/ responsibilities:		
Job Title:		
Reason for Leaving		
Supervisor's name and phone number:		
May we contact for a reference: Yes No		
Address:	Starting Salary:	Final Salary:
	Date started:	Date left:
Employer:	Date started:	Date left:
Reason for Leaving		
Supervisor's name and phone number:		
May we contact for a reference: Yes No		
COMMENTS:		

EDUCATION:

Provide information on your formal schooling and education. Include elementary, secondary, and post-secondary education, if any. Include any formal vocational or professional education. For high school and post--secondary education, indicate any major or specialty such as Academic, Business, or Trade.

School:	Years completed: (circle)	Graduated: (circle)	Major Field:
High:	1 2 3 4	Yes No	
College:	1 2 3 4	Yes No	
Other	1 2 3 4	Yes No	

LANGUAGES:

List any foreign languages you know and indicate your level of proficiency.

Language:	Speak Some:	Speak Fluently:	Read:	Write:

Special Skills & Experience:

State any special skills, experience, training, licenses, certifications or other factors that make you especially qualified for the position for which you are applying.

Comments & Additional information:

Is there any additional information about you we should consider?

REFERENCES:

Provide the names, addresses and phone numbers of three people whom we may contact as a reference.
They should not be relatives or former supervisors.

Name & Address	Phone Number:	Years Known:

Understandings 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. 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 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 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 my be subject to job-related medical, physical, drug, or psychological tests.

I also understand that some positions may involve complete background and criminal checks.

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

Applicant's Signatures _____ Date _____

VOLUNTARY AFFIRMATION ACTION INFORMATION

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

If you provide this information on this page, it will be filed separately from the job application. This information will be used only for purpose of the affirmative action program.

Name (Last, First, Middle)
Address:
City/Town:
Home Phone: Cell:

Position Applied for: _____

Information Regarding Status:

Gender: Male
 Female
 Non-binary

Equal Employment Opportunity groups:

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

