

APPLICATION FOR EMPLOYMENT

The Town of Dover is an Affirmative Action/Equal Opportunity Employer and does not discriminate on the basis of race, sex, religion, national or ethnic origin, ancestry, physical or mental disability, age, marital or veteran status, sexual orientation, age or other protected status.

PLEASE TYPE OR PRINT. Complete the entire application accurately. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.") If you need assistance completing this application, assistance will be provided.

I. General Information			
Name (Last, First, Middle):		Date:	
Present Street Address:		City, State & Zip:	
Permanent Street Address:		City, State & Zip:	
Previous Street Addresses within the past 5 years, if different:		City, State & Zip:	
	Home Phone:	Other Phone numbers where you can be reached:	
Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Note: All applicants hired by the Town of Dover will be required to present documentation prior to starting work with the Town of Dover that verifies identity and authorization to work in the United States in accordance with the Immigration Reform and Control Act of 1986.			
Position Desired:		Date Available:	
Please check whether you are seeking: <input type="checkbox"/> Full Time <input type="checkbox"/> Summer Only <input type="checkbox"/> Part Time <input type="checkbox"/> Days <input type="checkbox"/> Weekends <input type="checkbox"/> Nights			
Are you related to any Town of Dover employee? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, indicate their name and position:	
Have you ever worked for the Town of Dover? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, Dept/Branch, Position, Start/End Date:	
Have you ever applied for a position with the Town of Dover? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, Where/Date:	

II. Education					
	Name and Address of School	Dates Attended	Did you graduate?	Degree received	Course of Study
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
College			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other credentials/ licenses/ certificates, etc., which are relevant to the job(s) for which you are applying:					

III. Work Experience

Record ALL work experience, including jobs held while attending school and/or military duty. You may include any work performed on a volunteer basis. Please provide all relevant information requested in this section, even if you are attaching a resume as part of this application. LIST MOST RECENT JOB FIRST.

Employer (Most Recent):	Date Employed From: _____ To: _____
Address:	Telephone Number:
Job Title:	Supervisor:
State major responsibilities or duties:	
Reason for leaving:	

Employer:	Date Employed From: _____ To: _____
Address:	Telephone Number:
Job Title:	Supervisor:
State major responsibilities or duties:	
Reason for leaving:	

Employer:	Date Employed From: _____ To: _____
Address:	Telephone Number:
Job Title:	Supervisor:
State major responsibilities or duties:	
Reason for leaving:	

Employer:	Date Employed From: _____ To: _____
Address:	Telephone Number:
Job Title:	Supervisor:
State major responsibilities or duties:	
Reason for leaving:	

May we contact your present employer? Yes No

Was your employment ever terminated involuntarily or were you asked to resign? Yes No If yes, please explain:

If in any of the positions or schools your last name was different from the one you are now using, please indicate name(s), date(s):

IV. Specialized Skills

Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

V. Applicant s Certification and Agreement

I understand that this application is current for 60 days. If I still wish to be considered at the end of this period, I must fill out a new application.

I understand that if I am hired by the Town of Dover I will be an employee at-will, that I will be free to resign at any time, and that the Town of Dover reserves the right to terminate the employment at any time, with or without cause, regardless of the date of payment of my wages and salary. I understand that if I am hired, I will be required to abide by the rules and regulations of the Town of Dover.

The information I have supplied in this application or as part of the application process is true and complete. I understand that any false statement or significant omission by me in the application or application process may be cause for dismissal if discovered at a later date.

I hereby authorize the Town of Dover to investigate the information I have furnished on this application, and I understand that employment is subject to acceptable educational references, employment references, and other references, as applicable.

Applicant Signature: _____	Date: _____
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