APPLICATION FOR EMPLOYMENT

City of Dover, New Hampshire

Human Resources Office - 288 Central Avenue - Dover, NH 03820

POSITION DATA

Faxed or emailed applications will NOT be accepted.

Position applied for: _____ Posting Number: _____

How did you learn about this employment opportunity? _____

If newspaper, which one? _____ If Internet, which site? _____

BIOGRAPHICAL DATA

First Name: _____ Last Name: _____ Middle Initial: _____

Physical Address: _____

Mailing Address: _____

Preferred Contact Number: _____ Email Address: _____

Do you have a legal right to accept employment in the United States? ☐ Yes ☐ No

Are you at least 18 years of age? ☐ Yes ☐ No If no, employment is subject to verification that you are minimum legal age.

Have you ever been employed by the City of Dover before? ☐ Yes ☐ No

What City department were you employed with? _____ In what position? _____

Reason for leaving? _____

What date would you be available to work? _____

Have you ever been convicted of a crime that has not been annulled by a court? ☐ Yes ☐ No

Indicate whether conviction was a misdemeanor or a felony below. State the date, location and nature of said crime. (Conviction is not an automatic bar to employment. Each situation is considered on its individual merits. Lack of explanation or failure to complete this section will be a basis for rejection of your application.)

EDUCATION

Name of High School	Address of School	Course of Study	Years Completed	Diploma?
Name of Undergraduate School	Address of School	Course of Study	Years Completed	Degree?
Name of Graduate/Professional	Address of School	Course of Study	Years Completed	Degree?
Other (Specify)	Address of School	Course of Study	Years Completed	Degree?

SPECIALIZED SKILLS/TRAINING

Indicate any specialized skills or abilities you may have related to the position for which you are applying:

Indicate any current job-related training and/or certification(s) related to the position for which you are applying:

DRIVING HISTORY DATA

Do you currently hold a valid Driver's License? ☐ Yes ☐ No

Do you currently hold a valid Commercial Driver's License? ☐ Yes ☐ No If so, what type? _____

Below, detail any motor vehicle accidents you were involved in during the past five years: ☐ None

Below, list all traffic violations for which you were convicted during the past five years: ☐ None

Below, indicate all motor vehicle license suspensions and/or forfeitures you have incurred for the past five years: ☐ None

PERSONAL REFERENCES

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

EMPLOYMENT EXPERIENCE

Please list ALL employment experience/work history, starting with your present or last job. Be sure to emphasize experience related to the position for which you are applying. **THIS SECTION MUST BE COMPLETED. DO NOT INDICATE "SEE RESUME."** Although resumes may be attached, they may not be submitted in lieu of a completed application.

Employer: _____ Date Employed From: _____ Date Employed To: _____

Address: _____ Starting Salary: _____ Ending Salary: _____

Supervisor's Name: _____

Job Title _____ Reason for Leaving _____

Work Performed & Responsible Duties

Employer: _____ Date Employed From: _____ Date Employed To: _____

Address: _____ Starting Salary: _____ Ending Salary: _____

Supervisor's Name: _____

Job Title _____ Reason for Leaving _____

Work Performed & Responsible Duties

Employer: _____ Date Employed From: _____ Date Employed To: _____

Address: _____ Starting Salary: _____ Ending Salary: _____

Supervisor's Name: _____

Job Title _____ Reason for Leaving _____

Work Performed & Responsible Duties

Employer: _____ Date Employed From: _____ Date Employed To: _____

Address: _____ Starting Salary: _____ Ending Salary: _____

Supervisor's Name: _____

Job Title _____ Reason for Leaving _____

Work Performed & Responsible Duties

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE REFERRED TO THE POSITION DESCRIPTION AND FULLY UNDERSTAND THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

I have reviewed and understand the requirements for the position being applied for and I am able to perform the essential functions of the position ☐ With ☐ Without a reasonable accommodation.

If "with" is checked, please specify: _____

APPLICANT'S STATEMENT

In submitting this application for consideration and as indicated by my signature below, I hereby certify that all responses provided herein and throughout the application process are true and complete to the best of my knowledge. I understand the City of Dover sends all individuals, prior to being hired, for a pre-employment physical and drug/alcohol screening. **I authorize the City of Dover and/or its authorized agent(s) to investigate my employment history, personal background, driving record, and also my financial and credit record if necessary.** I further authorize investigation of all statements contained in this application for employment as may be deemed necessary in arriving at an employment decision. I understand that should an investigation at any time disclose any misrepresentations and/or falsifications as stated herein, upon any other employment-related form or made during an interview(s), my application will be rejected and should I become or already be employed with the City of Dover, my employment may be terminated.

I understand that if I am employed with the City of Dover, I am required to become familiar with and abide by all rules and regulations of the City of Dover as established and amended from time to time. I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship established with the City of Dover is of an "at will" nature, which means that the employee may resign at any time and the City of Dover may discharge the employee at any time with or without cause. I further understand that this "at will" employment relationship may not be changed by any written instrument or by conduct unless such charge is specifically acknowledged in writing by an authorized representative of the City of Dover.

My signature below indicates that I have read, understand and agree with the statement above.

_____ _____

Signed By: Date:

The City of Dover is an Equal Opportunity Employer and does not discriminate because of age, sex, gender identity or expression, race, color, marital status, conditions of handicap, religious creed, national origin, or any other non-merit factor. Reasonable accommodations will be made for persons with disabilities upon request. Requests may be made by contacting the Human Resources Office.

The City of Dover does not accept emailed or faxed applications.
The original must be received by the closing date of the job posting.