



# TOWN OF DOVER JOB APPLICATION

EMPLOYMENT APPLICATION FOR: \_\_\_\_\_  
 Position Title (Separate applications required for each position)

Please apply only if you feel reasonably certain that you meet the specific qualifications for the position as listed on the job announcement. Applications must be typed or printed legibly in blue or black ink. Answer each question completely or write "N/A" in the blank. Additional sheets with your name printed on each may be attached if necessary.

PERSONAL INFORMATION					
1. Name (Last, First, Middle)		2. Social Security Number		3. Driver's License (State & Number)	
4. Address (street address)		5. Home Telephone Number ( ) -		6. Alternate Telephone Number ( ) -	
(City, State, Zip)		7. E-mail address			
8. Can you perform the essential functions of the job for which you are applying with or without accommodation? If no, list any functions you cannot perform under item 16.		Yes	No	13. Have you ever been discharged or forced to resign from any job? If yes, explain in item 16 below.	
9. Have you previously applied for this or any other position with the Town of Dover before? If yes, list positions and dates in item 16 below.		Yes	No	14. If hired, can you provide documents that would establish your employment eligibility as required by the Immigration Reform and Control Act of 1986?	
10. Have you previously worked for the Town of Dover? If yes, in item 16 list department, position, and your name at the time of employment.		Yes	No	15. Do you meet the age requirements for the position as listed on the job announcement and/or job description?	
11. Do you have any relatives who are currently employed with the Town of Dover? If yes, in item 16 list name, relationship, and department.		Yes	No		
12. Will you need testing accommodations for a mental or physical disability, as defined in the Rehabilitation Act of 1973 and The Americans with Disabilities Act of 1990? Please contact (931) 232-5907		Yes	No		
16. Use this space to explain any of the above questions. Attach additional sheets if needed.					
EDUCATION					
17. Did you graduate from high school or do you possess a GED? Yes			No If no, highest grade completed? _____		
Names and Location of School(s) Attended	Major Area of Study	Units Completed		Diploma/Degree Obtained	Date Completed
		Semester	Quarter		

### TRAINING AND CERTIFICATION

Professional License/Certificate (Please provide number)	Date of issuance and/or Expiration Date	Professional License or Certificate (Please provide number)	Date of issuance and/or Expiration Date

### EMPLOYMENT HISTORY

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18. Begin with your most recent work experience. List all paid and voluntary experience over the last 10 years, including military service. Included details on the experience that you believe meets the qualifications of the position applied for. List any periods of unemployment and/or go back more than 10 years if necessary to provide information on qualifying experience. If attaching a resume or additional sheets, all required information must be provided.

Dates of Employment Month/Year / TO /	Employer  May we contact? Yes/No	Title of Your Position
Hours Worked Per Week	Address City State, Zip	Name While Employed Here

Salary/Per

Duties

Dates of Employment Month/Year / TO /	Employer  May we contact? Yes/No	Title of Your Position
Hours Worked Per Week	Address City State, Zip	Name While Employed Here
Salary per	Supervisor's Name and Phone Number	Reason for Leaving

Duties:

Dates of Employment Month/Year / TO /	Employer  May we contact? Yes/No	Title of Your Position
Hours Worked Per Week	Address City State, Zip	Name While Employed Here
Salary per	Supervisor's Name and Phone Number	Reason for Leaving

Duties:

I certify that all statements contained herein or submitted to the Town of Dover as a part of this application are true to the best of my knowledge, and I agree and understand that any misstatements or omissions of material facts contained herein or in any materials submitted as part of the application process (for example, medical reports, certifications, licenses, school transcripts, etc.) regardless of when discovered, may result in the disqualification of my application, or if said information is discovered after I have become an employee of the Town of Dover, termination from my position. I further agree and understand that the Town of Dover will contact and obtain information from sources such as schools, former employers, individuals, etc. to investigate and verify statements I have made herein. I have no objection to the disclosure of information concerning my background by these sources to the Town of Dover, and I authorize such organizations, employers, schools, and/or individuals contacted by the Town to respond fully and candidly to the inquiries made about me by the Town of Dover. I have no objection to information given by me or obtained through

Signature of Applicant (required):

Date: