

# APPLICATION FOR EMPLOYMENT

## CITY OF DOVER, NH

Office of the City Manager - Municipal Building - 288 Central Avenue - Dover, NH 03820

### POSITION DATA

To be printed, completed and mailed to the above address.

No faxed or emailed applications will be accepted.

Position applied for:  Posting Number:

How did you learn about this employment opportunity?  City Website  City Hall Posting  Friend/Relative

If newspaper, which one?  If internet, which site?

### BIOGRAPHICAL DATA

First Name:  Last Name:  Middle Initial:

Present Address:

Mailing Address:

Telephone Numbers: Home:  Work:  Cell:

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?  Can you travel if required?

Have you ever been convicted of a crime that has not been expunged 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 Elementary School	Address of School	Course of Study	Years Completed	Diploma/Degree
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of High School	Address of School	Course of Study	Years Completed	Diploma/Degree
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Undergraduate School	Address of School	Course of Study	Years Completed	Diploma/Degree
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Graduate/Professional	Address of School	Course of Study	Years Completed	Diploma/Degree
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (Specify)	Address of School	Course of Study	Years Completed	Diploma/Degree
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

# 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

(Only complete this section if required for the position being applied for.)

License Number:  State  Type/Class  Exp. Date

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

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

Below, indicate all motor vehicle license suspensions and/or forfeitures you have incurred for the past three 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:	<input type="text"/>	Date Employed From:	<input type="text"/>	Date Employed To:	<input type="text"/>
Address:	<input type="text"/>	Starting Salary:	<input type="text"/>	Ending Salary:	<input type="text"/>
Supervisor's Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Job Title	<input type="text"/>	Reason for Leaving	<input type="text"/>		
Work Performed & Responsible Duties	<input type="text"/>				

Employer:	<input type="text"/>	Date Employed From:	<input type="text"/>	Date Employed To:	<input type="text"/>
Address:	<input type="text"/>	Starting Salary:	<input type="text"/>	Ending Salary:	<input type="text"/>
Supervisor's Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Job Title	<input type="text"/>	Reason for Leaving	<input type="text"/>		
Work Performed & Responsible Duties	<input type="text"/>				

**DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE REFERRED TO THE SUPPLEMENTAL 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 authorize the City of Dover and/or its authorized agent(s) to investigate my personal and employment history and financial and credit record. 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 change 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.

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Signed By:

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Date:

The City of Dover is an Equal Opportunity Employer and does not discriminate because of age, sex, 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 Office of the City Manager. Applications will remain active for a maximum of six months and may be evaluated for other positions within the City of Dover during that time period.

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

