

City of Dover
P.O. Box 475
Dover, DE 19903

*Community Excellence
through
Quality Service*

EMPLOYMENT APPLICATION
An Equal Opportunity Employer

PERSONAL

Name _____ Social Security # _____

Address _____ City _____ State _____ Zip _____

Home Phone # (____) _____ Other # where you can be reached (____) _____

Have you previously worked for the City of Dover ____ Yes ____ No If so, under what name _____

Department(s) _____ Dates: From: _____ To: _____

Are you 18 years of age or over? ____ Yes ____ No (If no, employment is subject to verification that you are of legal minimum age and will supply required work permit.)

Person to notify in case of emergency _____

Telephone # _____ Complete Address _____

Have you ever been convicted of a felony? Yes ____ If yes, give dates and details _____ No ____

JOB OBJECTIVE - A SPECIFIC POSITION MUST BE INDICATED

Position Applied For: _____

When will you be available for employment? (Indicate Date) _____

I am seeking (check only one):

Regular Full-Time Employment Part-Time Employment For ____ Hours Per Week Temporary Employment

Salary Desired: _____

Are any of your relatives currently employed by the City of Dover Yes (If yes, fill in below) No

Relative's Name _____ Relationship _____ Department employed by _____

EDUCATION / TRAINING

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 Post Graduate 5 6 7 8
 Do you have a high school equivalency certificate (GED)? _____ Yes _____ No

	Name & Location	Diploma or Degree	Major Subject	Minor Subject
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
NURSING, TRADE, OR TECHNICAL				
POST GRADUATE				

OTHER SKILL, QUALIFICATIONS AND EXPERIENCE

Complete the following if driving is required.

Type of Driver's License _____ Driver's License # _____ State _____

Special training or skills (language, machine operation, etc.) that would be of special benefit in the job for which you are applying:

MILITARY

Have you served in the U.S. Armed Forces ? If yes, list duties in the service and specific training.

Yes No

Branch	Final Rank	Reserve Status

EMPLOYMENT HISTORY

A resume may be attached as a supplement to, but not in lieu of, this section.

List all jobs during the last ten years. Start with the most recent.

Employer _____ Address _____
Telephone # _____ Job Title _____ Supervisor _____
Dates Employed: From _____ To _____ Hourly/Salary Rate: Starting _____ Final _____
Work Performed _____
Reason for Leaving _____

Employer _____ Address _____
Telephone # _____ Job Title _____ Supervisor _____
Dates Employed: From _____ To _____ Hourly/Salary Rate: Starting _____ Final _____
Work Performed _____
Reason for Leaving _____

Employer _____ Address _____
Telephone # _____ Job Title _____ Supervisor _____
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Work Performed _____
Reason for Leaving _____

Employer _____ Address _____
Telephone # _____ Job Title _____ Supervisor _____
Dates Employed: From _____ To _____ Hourly/Salary Rate: Starting _____ Final _____
Work Performed _____
Reason for Leaving _____

If you need additional space, please continue on a separate sheet of paper.

REFERENCES

List three references - Do not include relatives				
Full Name	Complete Address	Phone #	Occupation	Years Known

City of Dover
 Human Resources Department
 P.O. Box 475
 Dover, DE 19903
 (302) 736-7073
www.cityofdover.com

—PLEASE READ CAREFULLY AND SIGN BELOW----

I understand that any false answer, statement or omissions made by me on this application or any other required document will be considered sufficient cause for denial of employment or termination of employment. I hereby give the City of Dover the right to make a thorough investigation of my past employment, education and activities. Also I release the City of Dover and all persons, companies and corporations from all liability of providing such information. In consideration of my employment, I agree to conform to the rules and regulations of the City of Dover. Any offer of employment is contingent upon successful completion of pre-employment health requirements including testing for controlled substances. My employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the City of Dover or myself. I further understand that nothing contained on this employment application or in the granting of an interview shall be construed as an employment contract between the City of Dover and myself for either employment and/or for the providing of any benefit. I also understand that no manager or employee of the City of Dover has any authority to enter into any verbal employment for any specific period of time, or to make any agreement contrary to the foregoing. In addition, I understand that any promises or guarantees are not binding upon the City of Dover unless made in writing.

APPLICANT'S SIGNATURE _____ **DATE** _____

 The Affirmative Action Survey will be detached from the application and kept separately. It will not be used as a basis for making employment decisions.

To help the City of Dover meet its affirmative action objectives and to comply with various government requirements, please mark the appropriate identification categories below. Below the survey describes identification categories in detail. Providing this information is voluntary, and your application will not be adversely affected if you respond or decline to respond. This information will be used only in accordance with federal laws and regulations. Information concerning any handicap or disability will be kept confidential except as necessary for purpose of job assignment, accommodation, first aid and safety.

RACE	SEX	HANDICAPPED/VETERAN
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Handicapped <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran

Race

- **White:** European, North African, or Middle Eastern origin.
- **Black:** Of Black racial group origin
- **Hispanic:** Mexican, Puerto Rican, Cuban, Central-South American origin or any other Spanish culture regardless of race.
- **American Indian/Alaskan Native:** North American, but cultural identification maintained through tribal affiliation or community recognition.
- **Asian/Pacific Islander:** Far East, south East Asia, Pacific Island origin.

Handicapped

- Physical or mental impairment which substantially limits one or more major life activities.
- A record of such an impairment, or society perceives such a impairment.

Vietnam Era Veteran

- Active military duty of more than 180 days, any part of which occurred between August 6, 1964 and May 7, 1975, and discharged or released from duty with an other than dishonorable discharged.

Disabled Veteran

- Disability rated by Veterans Administration at 30 percent or more, or,
- Released or discharged from active duty for a disability incurred or aggravated in the line of duty.