

Civil Service Commission

Date: _____

Month _____ Date _____ Year _____

Time: _____

AM or PM

Received by: _____

Applicant: Do not write in this space

Application for Employment

City of Dover, Ohio



Name: _____ Date: _____

Last

First

Middle Initial

Current Address: _____

Street

City

State

Zip

Home Phone: _____ Cell Phone: _____

Other Contact (email/alternate number): _____ Last four digits of SS #: _____

Position Applying For: _____ Full Time Part Time Seasonal

Have you ever been employed by the City of Dover? Yes No If yes, when and in what position?

Are you over the age of 18? Yes No

Are you legally eligible for employment in the United States? Yes No

Do you possess a valid Ohio Driver's License? Yes No Driver's License Number: _____

CDL Class, if applicable: _____

Military service record

Were you in the Armed Forces? Yes No Dates of Duty? _____

Rank: _____ Presently in Reserves or National Guard? Yes No

Are you requesting bonus credit for military service (if applicable)? Yes No

Certifications, licenses and other

Please describe any certifications and/or licenses that you currently hold that you feel are relevant to the position you are applying for as well as any relevant special skills or training that you have received: _____

Work experience

Please give your employment history below, beginning with the most recent employment and working back. You may attach additional sheets if needed.

1. Employer Name and Address	Immediate Supervisor and Telephone Number
Title or Position:	Specific skills/credentials required:
Reason for leaving:	Description of duties and responsibilities:
Dates of employment: From: _____	To: _____
2. Employer Name and Address	Immediate Supervisor and Telephone Number
Title or Position:	Specific skills/credentials required:
Reason for leaving:	Description of duties and responsibilities:
Dates of employments: From: _____	To: _____
3. Employer and Address	Immediate Supervisor and Telephone Number
Title or Position:	Specific skills/credentials required:
Reason for leaving:	Description of duties and responsibilities:
Dates of employment: From: _____	To: _____

May we contact the employers listed above? Yes No

If not, indicate which one(s) you do not wish for us to contact. _____

Education

School	Name, City and State of School	Course of Study	Years Completed	Did you Graduate	List Diploma or Degree
High School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other: _____

References

Name	Address	Telephone	Business	Years Known
1.				
2.				
3.				

The City of Dover is an Equal Opportunity Employer, and as such, the City does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law. It is our intention and our practice that all qualified applicants are given equal employment opportunity, and that all employment-related decisions, including but not limited to hiring, are based on job related factors.

In consideration of my employment, I agree to conform to the city's rules and regulations. I understand that any employment by the City of Dover shall be conditional upon satisfactory completion of pre-employment screening that is required by the City of Dover.

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

I have carefully read the foregoing application and understand its contents.

Signature of Applicant

Date