

**THE DOVER GROUP**  
An Equal Opportunity Employer

**EMPLOYMENT INFORMATION**

General Information. Please complete all requested information. Use ink and print.

Location		Today's Date	Position Desired															
Name (Last)	(First)	(Middle)	Minimum Salary Desired	Date Available for Work														
City	State	Zip	I am interested in: <input type="checkbox"/> Full-Time 30-40 hrs. per week <input type="checkbox"/> Part-Time 0-29 hrs. per week <input type="checkbox"/> Seasonal Holiday/Summer															
Telephone (Home)		(Cell)	Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No    If you are under 18, you may be required to provide a work permit prior to working. Are you at least 16 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No															
Have you ever applied to our company before? If yes, where?			Please indicate the hours you are available to work during both day and evening															
			<table border="1"> <thead> <tr> <th>S</th> <th>M</th> <th>T</th> <th>W</th> <th>T</th> <th>F</th> <th>S</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		S	M	T	W	T	F	S							
S	M	T	W	T	F	S												
			Note: Should your availability change, it is your responsibility to notify your supervisor															
			Do you have any relatives now employed by our company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify by name(s), position and location:															

Work Experience. List your previous experience, beginning with your current or most recent position.

Employer		Starting Position	
Street Address	City	State	Zip
Most Recent Position			
Phone	Supervisor	Name/Title	
Duties			
Reason for Leaving		Date of Employment	
		Start: Month	Year
		End: Month	Year

Employer		Starting Position	
Street Address	City	State	Zip
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Duties			
Reason for Leaving		Date of Employment	
		Start: Month	Year
		End: Month	Year

May we contact your current employer?  Yes  No

References. Individuals not related to you. Business references preferred.

Reference				Reference			
Street Address	City	State	Zip	Street Address	City	State	Zip
Job Title				Job Title			
Reason for Leaving				Reason for Leaving			

(Continued on Back)

**Education & Training:** Please include name, street, city, state and zip code for each school.

School	Address (include city & state)	# of Years Completed	Degree	Type of Course/Major
College				
High School				
Additional Training				

For office positions, indicate the job skills which you have performed:  Typing \_\_\_\_\_ WPM  10-key  By Touch  By Sight (Circle One)

Computer/Software \_\_\_\_\_

Other \_\_\_\_\_

**Additional Employment History Inquiries**

Have you ever been dismissed or forced to resign from any employment?  Yes  No  
 If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a felony crime or theft-related misdemeanor within the last 7 years that has not been expunged, sealed, impounded or annulled?  Yes  No  
 If yes, state details: Convictions will not necessarily disqualify an applicant from employment with the Company. Each case is considered individually and in accordance with all federal, state and local laws.

**Permission to Work**

Are you legally authorized to work in the United States?  Yes  No  
 Will you now or in the future require sponsorship for employment visa status (e.g., H1-B status)?  Yes  No

**Referral Source**

Walk-in Applicant     Newspaper Ad     Employment Referral (Name) \_\_\_\_\_

Community Organization (Name) \_\_\_\_\_  School/College \_\_\_\_\_

Website (Name) \_\_\_\_\_  Other (Please List) \_\_\_\_\_

**Additional Questions**

Why are you interested in working for our company?  
 \_\_\_\_\_

What strengths would you bring to our company?  
 \_\_\_\_\_

What didn't you like about your previous jobs?  
 \_\_\_\_\_

**Applicant's Statement**

All of the information I have supplied in the application is a true and complete statement of the facts, and if employed, any false statement or omission could result in immediate dismissal. I understand that Dover may share the information contained in this application with other Dover employees for employment and administrative purposes and hereby consent to such transfer. I further authorize you to contact all of my previous employers or references for full information regarding my employment history.

Signature \_\_\_\_\_

Date \_\_\_\_\_