



City of Dover
Human Resources Department
PO Box 475
Dover, DE 19903

Community Excellence through Quality Service

EMPLOYMENT APPLICATION INSTRUCTIONS

- In order to complete this fillable form, you must have Adobe Acrobat reader installed on your computer or laptop.
- **Please complete all sections of the application.**
- You may attach a resume that provides additional information regarding your work history.
- In order to accurately track your application, please be sure to provide the name of the position for which you are applying.
- On page **4** of this application, please read and sign where noted. This document provides a unique digital ID or *e-signature* that is intended to accurately identify the signatory with their application.

EMAIL INSTRUCTIONS

- After completion, please save the application to an external location or source (computer hard drive, thumb drive, google drive, etc.)
- We recommend that your email application (Hotmail, Outlook, Gmail, etc.) be open before you click the **EMAIL** button on the last page of the application. You will be able to attach additional documents like your cover letter and resume, if required, to the email prior to sending.
- Or you can send your saved application, cover letter and resume, if required, via email to humanresources@dover.de.us.
- If you are not able to complete the application using this fillable form, you can print and complete the application by hand and submit via fax to **(302) 736-7093**;
- We will also accept applications that are post marked by the posting closing date, sent to the following address by USPS.

City of Dover
ATTN: Human Resources Department
P.O. Box 475
Dover DE 19903

If you have any questions regarding the application process, please feel free to give us a call at (302) 736-7073. Please do not send this page with your completed application.

THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH THE CITY OF DOVER.



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EMPLOYMENT APPLICATION
An Equal Opportunity Employer

PERSONAL

Name _____

Address _____ City _____ State _____ Zip _____

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

Email Address _____ May we contact you via email ___ Yes ___ No

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.)

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

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 SKILLS, 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? ____ Yes ____ No

If yes, list duties in the service and specific training. _____

Branch	Final Rank	Reserve Status
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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 _____
Work Performed _____
Reason for Leaving _____

Employer _____	Address _____
Telephone # _____	Job Title _____ Supervisor _____
Dates Employed: From _____ To _____	
Work Performed _____	
Reason for Leaving _____	

Employer _____	Address _____
Telephone # _____	Job Title _____ Supervisor _____
Dates Employed: From _____ To _____	
Work Performed _____	
Reason for Leaving _____	

Employer _____	Address _____
Telephone # _____	Job Title _____ Supervisor _____
Dates Employed: From _____ To _____	
Work Performed _____	
Reason for Leaving _____	

Employer _____	Address _____
Telephone # _____	Job Title _____ Supervisor _____
Dates Employed: From _____ To _____	
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

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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.

APPLICANTSIGNATURE_____ **DATE** _____

RECRUITMENT SOURCES

In an attempt to enhance our recruiting efforts, please advise us of the location in which you learned of our position. (Please check all that apply.)

Walk-In ____ If so, which location _____
Community Agency ____ If so, which _____
City Employee ____ If so, whom _____
Newspaper ____ If so, which _____
Internet ____ If so, what website _____
Other ____ If so, please explain _____

EEO SURVEY

The EEO 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 Equal Employment Opportunity goals & objectives and in order 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.

RACE	ETHNICITY	GENDER
American Indian or Alaskan Native Asian Native Hawaiian or Other Pacific Islander Black or African American White Two or More Races	Not Hispanic or Latino Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)	Male Female

- AMERICAN INDIAN OR ALASKAN NATIVE

A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

- ASIAN

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

- BLACK OR AFRICAN AMERICAN (not Hispanic or Latino)

A person having origins in any of the Black racial groups of Africa – includes Caribbean Islanders and other of African origin.

- WHITE (not Hispanic or Latino)

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

- TWO OR MORE RACES (not Hispanic or Latino)

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