

DOVER CHILDREN'S HOME
207 Locust Street
Dover, NH 03820-4097
(603) 742-4289
(603) 752-2057, fax
www.doverchildrenshome.org

This application must be completed by all persons seeking employment or internship assignments with Dover Children's Home. It will be kept on file for a period of one year unless otherwise directed by the applicant. If employed, it will become part of our confidential personnel file. Dover Children's Home is an Equal Opportunity Employer.

Date: _____ Name: _____

Mailing Address: _____

Phone Number: _____ Cell Phone: _____ Email: _____

Date Available for work: _____

Number of hours per week you are interested in working: _____

Municipal and state licensing regulations require caregivers to be 21 years of age or older. If applicable, are you at least 21 years of age? Yes _____ No _____

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes _____ No _____

All Dover Children's Home positions may require driving on the job. Do you have a valid New Hampshire driver's license? Yes _____ No _____

The children placed with Dover Children's Home need care and supervision at all hours of the day, everyday of the year, including holidays and weekends. Please indicate the type of positions and specific times you are interested in below.

Position Applying for (please √):

Awake Overnight	Adolescent Counselor/ Case Manager	Independent Living Coordinator	Academic and Vocational Coordinator	Clinical Director	Executive Director

Program Director	Office Manager	Intern	Relief (part-time, as needed)	Cook	Maintenance

Specific times available for work (please √ all that apply):

Anytime	Mornings	Afternoons	Evenings	Weekends	Mon-Fri

EDUCATION HISTORY

HIGH SCHOOL

Name/Address: _____

Course of study: _____ Years Completed: _____ Graduated: _____

COLLEGE

Name/Address: _____ Degree: _____

Course of study: _____ Years completed: _____ Graduated: _____

COLLEGE

Name/Address: _____ Degree: _____

Course of study: _____ Years completed: _____ Graduated: _____

What other work/volunteer experience, educational experiences, special skills or hobbies qualify you for the position for which you are now applying? (Be specific as to dates, amount of time worked, and location/address.)

REFERENCES (Please list 2 non-relatives and 1 parent or close family member who know your character, experience, and abilities):

Name Address Email

Phone Number Years Known Relationship

Name Address Email

Phone Number Years Known Relationship

Name Address Email

Phone Number Years Known Relationship

If any of the above employers or personal references know you by a name other than the one listed on this application, please note it here:

Have you worked for Dover Children's Home before? (please circle one) Yes No
If yes, please provide dates of employment and position held:

Have you ever been convicted of any crime, including simple assault, sexual assault or other sex-related crime; or child abuse/neglect offenses? Yes No
If yes, please provide detailed information:

EMPLOYMENT HISTORY (Please list your last three positions with the most recent first):

Name/Address of Employer #1: _____

Dates of Employment: From _____ To: _____

Supervisor: _____ Phone Number: _____

Duties/Responsibilities: _____

Reason for leaving: _____

Name/Address of Employer #2: _____

Dates of Employment: From _____ To: _____

Supervisor: _____ Phone Number: _____

Duties/Responsibilities: _____

Reason for leaving: _____

Name/Address of Employer #3: _____

Dates of Employment: From _____ To: _____

Supervisor: _____ Phone Number: _____

Duties/Responsibilities: _____

Reason for leaving: _____

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CERTIFICATE OF APPLICANT

I hereby certify that all information made on or in connection with my application for employment with Dover Children's Home is true and complete to the best of my knowledge and that I have not knowingly withheld or falsified any fact or circumstance. I understand that any misrepresentation or concealment of material fact will be sufficient ground for rejection of this application or removal from employment.

I hereby authorize my present and previous employers to release to Dover Children's Home an evaluation regarding my employment record with them and release said employers from any damage or claim for furnishing said information.

I hereby authorize the persons listed herein as personal references to furnish Dover Children's Home any information they may have regarding my character and release said persons from any damage or claim for furnishing said information.

I hereby authorize my present and previous schools and colleges to release to Dover Children's Home my transcripts and verification of degrees earned and release said educational institutions from any damage or claim for furnishing said information.

Furthermore, I authorize the use of reproduced copies of this certification to be sufficient proof for the release of the above requested evaluations, references and records.

Signature of Applicant

Date

Application Reviewed By:

Date