

**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 \_\_\_\_\_

In the last 5 years have you had speeding or stop sign violations, any other traffic violation, DWI or any vehicle related reckless charges or suspensions, any felony driver convictions or reinstatements? If yes, please list here. \_\_\_\_\_

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  $\checkmark$  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