

Dove, Inc.

Application for Employment

Position Applied for:

If you have a resume, please attach it to this application. You do not need to repeat information on the application which is contained on your resume. Your resume and any other attachments you provide are considered part of this application.

Personal Information

Name	Social Security Number
Address	Home Phone
City/State/ZIP	Business or Other Phone

<u>Yes</u>	<u>No</u>	<u>Please Answer the Following</u>
<input type="checkbox"/>	<input type="checkbox"/>	Have you received and read a Job Description for this position?
<input type="checkbox"/>	<input type="checkbox"/>	Can you perform the requirements of the job?
<input type="checkbox"/>	<input type="checkbox"/>	Are you at least 18 years of age?
<input type="checkbox"/>	<input type="checkbox"/>	If hired, can you provide proof of eligibility to work in the US?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a valid drivers license (if position requires it)?
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently employed? If yes, check if you do not want your employer contacted <input type="checkbox"/>

Education

High School/City/State	<input type="checkbox"/> Year Graduated: _____	<input type="checkbox"/> Did not graduate Completed ___ grade in _____
College or Technical Institution/City/State	<input type="checkbox"/> Year Graduated: _____	<input type="checkbox"/> Did not graduate <input type="checkbox"/> Currently enrolled Completed ___ hours in _____ Minor: _____
College or Technical Institution/City/State	<input type="checkbox"/> Year Graduated: _____	<input type="checkbox"/> Did not graduate <input type="checkbox"/> Currently enrolled Completed ___ hours in _____ Minor: _____

References Please give the names, current addresses and daytime telephone numbers of three people who are familiar with your work. Do not list relatives.

Name/Title	Address/City/State/Zip	Daytime Telephone #
Name/Title	Address/City/State/Zip	Daytime Telephone #
Name/Title	Address/City/State/Zip	Daytime Telephone#

Experience Please list all relevant positions, paid and volunteer, beginning with your current (or most recent) position. If additional space is needed, please copy this page.

Organization	Address/City/State/ZIP		Telephone
Job Title	Supervisor's Name		Current
Telephone			
Job Duties			
Mon/Yr Started ____/____	Mon/Yr Ended ____/____	Reason for Leaving	
Organization	Address/City/State/ZIP		Telephone
Job Title	Supervisor's Name		Current
Telephone			
Job Duties			
Mon/Yr Started ____/____	Mon/Yr Ended ____/____	Reason for Leaving	
Organization	Address/City/State/ZIP		Telephone
Job Title	Supervisor's Name		Current
Telephone			
Job Duties			
Mon/Yr Started ____/____	Mon/Yr Ended ____/____	Reason for Leaving	
Organization	Address/City/State/ZIP		Telephone
Job Title	Supervisor's Name		Current
Telephone			
Job Duties			
Mon/Yr Started ____/____	Mon/Yr Ended ____/____	Reason for Leaving	

Read carefully BEFORE signing below:

I certify that the information provided on this application and attachments is accurate and complete to the best of my knowledge. I understand that any false or misleading information may result in my not being hired, in an offer of employment being withdrawn, or in discharge. I authorize Dove, Inc. to make a thorough investigation concerning my ability to perform in this position and to contact persons and organizations who may know my capabilities. I understand that Dove will keep all inquiries confidential, and I release from liability Dove, Inc., its employees, agents and all persons and organizations receiving and any entity, its employees, agents and all persons supplying such information. If I am hired, I agree to abide by all policies and procedures of Dove, Inc. I further understand that the terms and conditions of employment may change at any time.

Signature: _____ Date: _____