

DOVER BOROUGH
46 Butter Road, Dover, PA 17315
Office # 292-6530
Email - Doverboro@comcast.net

Date: ____/____/____

Name _____ Telephone # _____

Address _____

Do you have a PA driver's license? _____ Driver's License # _____

Hourly Rate Requested \$ _____ Can you work weekends? _____

Position desired: _____ How soon could you start? _____

EMPLOYMENT RECORD: List most recent/current employer first.

1) Name of Company _____ Tele # _____

Address _____

(The exact address is not needed, if not known.)

Job Title _____ Supervisor's Name _____

Length of employment? _____

2) Name of Company _____ Tele # _____

Address _____

Job Title _____ Supervisor's Name _____

Length of employment? _____

3) Name of Company _____ Tele # _____

Address _____

Job Title _____ Supervisor's Name _____

Length of employment? _____

EDUCATION

High School _____ City & State _____

Last year of school completed _____

College or Trade School _____

Major _____

Other (Classes or experience which might be helpful in this position) _____

HOBBIES? _____

COMMENTS - _____

REFERENCES (Please include if this person is a personal or work reference.)

Name _____

Name _____

Address _____

Address _____

Telephone # _____

Telephone # _____

Personal _____ Work _____

Personal _____ Work _____

Name _____

Name _____

Address _____

Address _____

Telephone # _____

Telephone # _____

Personal _____ Work _____

Personal _____ Work _____

Signature