

DOVER EMPLOYEE VERIFICATION FORM

SECTION A Dover employee (parent, stepparent or legal guardian of the applicant) is to complete this section and submit completed form to his/her Human Resource Department for verification. Spouses of employees are not eligible to apply.

Applicant Name	Applicant Email		
Employee Name	Employee Phone Number	Employee Em	ail
Relationship to Applicant: Parent Stepparent*	☐ Legal Guardian*		
*If the relationship is that of stepparent or legal guardian,	, the applicant must reside with t	he qualifying employee on	a full-time basis.
A	APPLICANT: DO NOT WRITE BEL	OW THIS LINE: = = = = = =	
SECTION B Employee's Local Human Resource Depa	rtment is to complete this sectio	n.	
Please verify that the above named employee is currently least one year of continuous service in the previous five still a full-time employee and has been employed for one	years. Further inquiry may be n	nade after the application d	leadline to verify that the employee is
Position Held	HR Central Emplo	oyee ID#	Date of Hire
I verify that the above information is correct and that the	applicant is qualified to compete	e for the Dover Scholars Pr	ogram based on this information.
Print Name of Person Approving Eligibility	Title		Phone Number
Signature of Person Approving Eligibility	Date Approved	Email	
Dover Operating Company	City	State	Country

Completed form should be submitted by February 21, 2024 to:

Dover Scholars Program PO Box 648 Naperville, IL 60566 Fax: 630-428-2695

Email: info@doverfoundation.org