

CITY OF BERLIN POLICE DEPARTMENT
135 Green St., Berlin, NH 03570 (603) 752-3131

APPLICATION FOR EMPLOYMENT

In compliance with Federal and State Equal Opportunity Laws, all qualified candidates will be considered for employment without regard to their race, creed, national origin, ancestry, sex, age, marital status, veteran status, or the presence of non-job-related medical conditions or handicaps.

Position Desired: _____

Available to work: Full time: _____ Part-time: _____

Today's Date: _____ On what date would you be available for work? _____

PERSONAL DATA

Social Security # _____

Telephone: Home: _____ Work: _____

Name: _____

	Last	First	Middle			
Current Address:	_____	_____	_____	_____	_____	_____
	Number	Street	City	State	Zip	How Long?

Previous Addresses (prior 5 years - chronological):

Address:	_____	_____	_____	_____	_____	_____
	Number	Street	City	State	Zip	How Long?

Address:	_____	_____	_____	_____	_____	_____
	Number	Street	City	State	Zip	How Long?

Address:	_____	_____	_____	_____	_____	_____
	Number	Street	City	State	Zip	How Long?

Have you or one of your immediate family members ever been employed by the City of Berlin, NH?
 YES NO If yes, who, when, and in what capacity? _____

Have you been convicted of a crime in the past ten years? YES NO If yes, provide dates, type of offense, and result of the charges: _____

EDUCATIONAL BACKGROUND:

Post Graduate: _____
College: _____
High School: _____
Trade School: _____
Other: _____

EMPLOYMENT: (Include your current and previous ten years of employment. Use extra paper, if necessary. If you have never been employed, write in the names of non-relatives who may be contacted as references.)

1. Employer & Address: _____

Position & Duties: _____
Employed from: _____ to _____ Rate of Pay: _____
Supervisor's Name & Title: _____
Reason for Leaving: _____

2. Employer & Address: _____

Position & Duties: _____
Employed from: _____ to _____ Rate of Pay: _____
Supervisor's Name & Title: _____
Reason for Leaving: _____

3. Employer & Address: _____

Position & Duties: _____
Employed from: _____ to _____ Rate of Pay: _____
Supervisor's Name & Title: _____
Reason for Leaving: _____

Are you involved in any clubs, professional organizations, community or school activities which you consider relevant to or which may restrict your ability to perform the job for which you have applied? (Do not list organizations which reveal you race, sex, age, religion, or national origin.):

APPLICANT'S CERTIFICATIONS AND AGREEMENTS:

The distribution or receiving of this application by the City of Berlin Police Department does not imply or intend to imply an agreement or contract to employ the applicant. The purpose of this application is solely to allow persons a standardized form on which to submit their qualifications.

I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements or material omissions on this application shall be considered sufficient cause for dismissal. I hereby authorize you to make any investigation of my personal history record, including the use of investigative agencies or bureaus of your choice. In accordance with the requirements of the Fair Credit Recording Act, Title 15, U.S.C. S1618 et Seq., this is to disclose to you that we may request that an investigative consumer or credit report be prepared by a consumer or credit reporting agency as part of your application for employment with the City of Berlin Police Department. This report may include information as to your character, general reputation, financial condition, personal characteristics, and mode of living.

Signature of Applicant: _____ Date: _____

I further hereby certify that I am legally eligible to work in the United States of America and understand that the law (Immigration Reform and Control Act of 1986) requires that I prove my identity and produce proof of work eligibility to the City of Berlin Police Department in order to be considered for employment.

Signature of Applicant: _____ Date: _____

Date Application Received: _____

This application will be kept on file for one year. You must submit a new application after one year from the date of submission to maintain an active application with this Department.