



CITY OF BERLIN

APPLICATION FOR EMPLOYMENT

The City of Berlin is an equal opportunity employer. Discrimination on the basis of age, sex, race, color, marital status, physical or mental disability, religious creed, national origin, sexual orientation or any other non-merit factor is strictly prohibited.

APPLICANT INFORMATION	FOR OFFICIAL USE ONLY
Name: _____ (LAST) (FIRST) (MIDDLE)	Received by: _____
Mailing Address: _____ (STREET, P.O. BOX)	Department: _____
_____ (CITY) (STATE) (ZIP CODE)	
_____ HOME PHONE /CELL WORK PHONE/EXT	

Be sure to fill in the "Applicant Information" section at the top of this application. You are encouraged to provide a copy of your current resume.

Position for which you are applying: _____

Pay Desired: _____ Date you can start: _____

Will you accept part time employment: Yes No How many hours per week do you currently work? _____

Do you have the legal right to accept employment in the United States? Yes No

Have you ever been employed by the City of Berlin? Yes No If yes, when? _____
(MM/DD/YYYY)

Have you ever been convicted of or pleaded no contest to a crime which was not annulled by a court? Yes No

If Yes, explain; this does not automatically exclude you from consideration.

EDUCATION

Please select the highest school grade completed:

8 9 10 11 12 or GED 13 14 15 16 17 18

Are there any specialized courses you have taken that you want considered in reviewing this application? Please explain below:

If the position for which you are applying requires post secondary education credits, **YOU MUST SUBMIT COPIES OF COLLEGE, BUSINESS, TRADE SCHOOL, AND/OR OTHER EDUCATION TRANSCRIPTS.**

Name of School

Major

Degree or Certificate Earned

INFORMATION TECHNOLOGY TRAINING/EXPERIENCE

Please list below your training/experience in information technology (i.e., data processing, word processing, spreadsheet design, or development, database development or management). Note any specific software applications or programming languages in which you are proficient:

LICENSES AND CERTIFICATION

Please list any license or special certification that you hold, specifying license/certificate number and date of expiration:

CDL # _____	Class _____	Expires ____/____/____
PE/EIT # _____		Expires ____/____/____
LPN # _____		Expires ____/____/____
RN # _____		Expires ____/____/____
Other: _____		Expires ____/____/____

EXPERIENCE - WORK HISTORY

In the section below, please describe your experience/work history (including pertinent volunteer experience), beginning with your current or most recent position. Attach additional sheets if necessary.

Employer: _____ Address: _____ Phone: _____
 Your Job Title: _____ Supervisor's Name/Title: _____
 Dates of Employment: From: Mo. ___ Yr. ___ to Mo. ___ Yr. ___ May we contact? Yes No
 Please describe the duties you performed in your position: _____

Reason you left the position: _____

Employer: _____ Address: _____ Phone: _____
 Your Job Title: _____ Supervisor's Name/Title: _____
 Dates of Employment: From: Mo. ___ Yr. ___ to Mo. ___ Yr. ___ May we contact? Yes No
 Please describe the duties you performed in your position: _____

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Please describe the duties you performed in your position: _____

Reason you left the position: _____

Employer: _____ Address: _____ Phone: _____

Your Job Title: _____ Supervisor's Name/Title: _____

Dates of Employment: From: Mo. ___ Yr. ___ to Mo. ___ Yr. ___ May we contact? Yes No

Please describe the duties you performed in your position: _____

Reason you left the position: _____

REFERENCES

Names of three persons not related to you whom you have known at least one year.

Name	Address	Telephone	Business
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_____	_____	_____	_____
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_____	_____	_____	_____
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I certify that the information provided in or attached to this application is complete, accurate and up-to-date on the date specified below. I certify that I have the legal right to accept employment in this State, and that I will produce, at or before the date of hire, proof of that right to accept employment. I further certify that there are no willful misrepresentations of the above statements and answers to questions herein, and that I have made no omissions of material fact with respect to any of my answers to the questions presented. I understand that if an investigation should disclose such misrepresentations or omissions, my application may be rejected. Finally, I understand that if I should be employed at the time of such investigations and disclosure, my services may be immediately terminated.

By checking this box, you are certifying that you have read and agree to the above statement.

SIGNATURE OF APPLICANT: _____ DATE: _____