



# 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)	
_____ PHONE EMAIL	

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.

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### 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:

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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

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**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:

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**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: \_\_\_\_\_

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Reason you left the position: \_\_\_\_\_

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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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Reason you left the position: \_\_\_\_\_

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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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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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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: \_\_\_\_\_