

APPLICATION FOR EMPLOYMENT



TOWN OF BERLIN
10 WILLIAM STREET
BERLIN, MARYLAND 21811
410-641-2770
410-641-2316 fx

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation for the application and/or interview process should notify a representative of the Human Resources Department.

PERSONAL INFORMATION

Position(s) Applied for: _____

Date of Application: _____ Date available for work: _____

Salary range desired: _____ Per Hour Year

Type of employment desired:

Full-Time Part-Time Temporary Seasonal

Referral Source:

Advertisement Employee Relative Government Agency

Walk-in Other

Name: _____			
_____	_____	_____	_____
Last	First	Middle	
Address: _____			
_____	_____	_____	_____
Street	City	State	Zip
Telephone: _____		Mobile: _____	
Email: _____			

Are you over the age of 18?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(if no, permit required upon employment)
Are you eligible to work in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(proof of eligibility required upon employment)
Are you related to anyone employed by the Town of Berlin?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, Who _____			
Have you previously applied for a position with the Town of Berlin?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, when and for what position? _____			
Have you ever been employed with the Town of Berlin?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, Dates employed: From: _____ To: _____			
Job Title: _____			
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
A conviction will not necessarily disqualify you from employment.			
If yes, please explain: _____			

EDUCATIONAL BACKGROUND

Indicate Last Year Completed:	High School					College/Tech School						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8	9	10	11	12	13	14	15	16	17	18	
Degree Program: _____	Degree Acquired? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Name & Location of Last School Attended: _____												

Applicant Name

EMPLOYMENT HISTORY

Provide the following information on your past and current employers for the last 10 years starting with the most recent employer (use additional sheets if necessary). Explain any gaps in employment in the comments section.

Employer

Name & Address _____ Phone Number _____

Job Title _____

Name & Title of Immediate Supervisor _____

Dates Employed

May we contact this employer? Yes No

From:

To:

Ending Salary:

Description of duties:

Reason for leaving?

Employer

Name & Address _____ Phone Number _____

Job Title _____

Name & Title of Immediate Supervisor _____

Dates Employed

May we contact this employer? Yes No

From:

To:

Ending Salary:

Description of duties:

Reason for leaving?

Employer

Name & Address _____ Phone Number _____

Job Title _____

Name & Title of Immediate Supervisor _____

Dates Employed

May we contact this employer? Yes No

From:

To:

Ending Salary:

Description of duties:

Reason for leaving?

Employer

Name & Address _____ Phone Number _____

Job Title _____

Name & Title of Immediate Supervisor _____

Dates Employed

May we contact this employer? Yes No

From:

To:

Ending Salary:

Description of duties:

Reason for leaving?

Applicant Name:

ADDITIONAL SKILLS AND QUALIFICATIONS

Summarize any skills, qualifications, awards, or training not listed elsewhere in this application:

Reading Comprehension & Writing Skill Level:

Exceptional Above Average Average Below Average None

Rate your level of ability with the following computer applications:

MS Word	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> None
MS Excel	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> None
MS Access	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> None
E-Mail applications	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> None

Clerical

Typing

Applicants:

Speed

wpm

10-Key:

Sight

Touch

COMMENTS

State any additional information you feel may be helpful in considering your application

REFERENCES

List name and telephone number of three business/work references who are not related to you.

Name & Title

Contact Information

Number of Years Known

PREVIOUS ADDRESSES

List all addresses other than address on front for past 10 years

Street	City	State	Zip
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Street	City	State	Zip
--------	------	-------	-----

Street	City	State	Zip
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DRIVER'S LICENSE INFORMATION

Answer the questions in this section **ONLY** if applying for a position that requires operation of Town of Berlin Vehicles. If additional space is required, please use additional sheets. **Must be accompanied by 3 year MVA driving record.**

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
- B. Has any license, permit or privilege ever been suspended or revoked? Yes No
- C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes No

If you answered yes to A, B or C above, give details including, State, violations, penalties:

APPLICANT: PLEASE READ THE FOLLOWING STATEMENT BEFORE SIGNING.

Polygraph: "Under the law, an employer may not require or demand any applicant for employment or prospective employment or any employee to submit or to take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor, and subject to a fine not to exceed \$100.

Note: For electronic submission: In lieu of signature, electronic signature or typed initials will be accepted.

Applicant Signature

Date

I hereby certify that the information I have given on my application is, to the best of my knowledge, information and belief, true and correct. Applications may be disqualified prior to 1 year for reasons including but not limited to, failure to appear for interview, poor references or misrepresentation or omission of facts. Misrepresentation or omission of facts on my application, whenever discovered, may result in termination of employment. I hereby authorize the Town of Berlin, or its representatives, to inquire of each of my former employers, references and all other persons having information concerning me, to disclose my full employment record and any other information they may have concerning me including results of controlled substance test results. I hereby release and hold harmless from any and all liability in connection with requesting such information The Town of Berlin, its representatives, agents and employees. I further release from any liability, any third parties furnishing such information upon request by the Town of Berlin.

I understand this application and any other Town documents are not contracts of employment, and that any individual who is hired may voluntarily leave upon notice, and may be terminated by the Town at any time and for any reason. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee or contractor. I also understand that I will be subject to a probationary period should I become employed by The Town of Berlin.

Note: For electronic submission: In lieu of signature, electronic signature or typed initials will be accepted.

Applicant Signature

Date

**TOWN OF BERLIN
CONSENT TO RELEASE RECORDS**



I, _____, do hereby authorize review of and full disclosure of all records or any part therefore, concerning myself, by and to the Town of Berlin and its agents, whether the said records are of a public, private or confidential nature.

Applicant Signature

Date