APPLICATION FOR EMPLOYMENT

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

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

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 ☐ Social Media ☐ Other: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Telephone: _____ Mobile: _____

Email:

Are you over the age of 18? ☐ Yes ☐ No (if no, permit required upon employment)
Are you eligible to work in the United States ☐ Yes ☐ No (proof of eligibility required upon employment)

Are you related to anyone employed by the Town of Berlin ☐ Yes ☐ No

If yes, Who _____

Have you previously applied for a position with the Town of Berlin? ☐ Yes ☐ No

If yes, when and for what position? _____

Have you ever been employed with the Town of Berlin? ☐ Yes ☐ No

If yes, Dates employed: From: _____ To: _____

Job Title: _____

Have you ever been convicted of a felony? ☐ Yes ☐ No
A conviction will not necessarily disqualify you for employment.

If yes, please explain:

EDUCATIONAL BACKGROUND

Indicate Last Year Completed:

High School					College/Tech School					
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
8	9	10	11	12	13	14	15	16	17	18

Degree Program: _____ Degree Acquired? ☐ Yes ☐ 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	☐ Exceptional	☐ Above Average	☐ Average	☐ Below Average	☐ None
MS Excel	☐ Exceptional	☐ Above Average	☐ Average	☐ Below Average	☐ None
MS Access	☐ Exceptional	☐ Above Average	☐ Average	☐ Below Average	☐ None
E-Mail applications	☐ Exceptional	☐ Above Average	☐ Average	☐ Below Average	☐ None

Clerical Applicants: Typing 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
Street	City	State	Zip
Street	City	State	Zip

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.

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.

Applicant Signature Date

TOWN OF BERLIN

AFFIRMATIVE ACTION VOLUNTARY INFORMATION

Completion of the information below is voluntary.

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

Position(s) Applied for: _____

Date of Application: _____

Type of employment desired:

☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Seasonal

Referral Source:

☐ Advertisement ☐ Employee ☐ Relative ☐ Government Agency
☐ Walk-in ☐ School ☐ Other ☐ Advertisement

Name: _____
Last First Middle

Address: _____
Street City State Zip

Telephone: _____ Mobile: _____

Email: _____

Please check one of the following Equal Employment Opportunity Identification Groups:

☐ Caucasian (not of Hispanic origin) ☐ African-American (not of Hispanic origin)
☐ Hispanic ☐ American Indian/Alaskan Native
☐ Asian/Pacific Islander ☐ Multiracial

FOR ADMINISTRATIVE USE ONLY

Position applied for: ☐ Available ☐ Not available

Other positions considered for:

Which EEO job classification best describes the position filled?

☐ Officials & Managers ☐ Service Workers ☐ Semi-Skilled ☐ Professionals
☐ Office & Clerical ☐ Laborers ☐ Technicians ☐ Skilled Workers

TOWN OF BERLIN
CONSENT TO RELEASE RECORDS

I, _____ , do hereby authorize review of and full disclosure to 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.

I reiterate and emphasize that the intent of this document is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation, which may provide pertinent data for the Town of Berlin to consider in determining my suitability for employment by the Town of Berlin. It is my specific intent to provide access to persona information, however personal or confidential, as it may appear to be, and the source of information specifically identified herein.

Name: _____
Address: _____
_____
Date of Birth: _____
Social Security # _____

_____ _____
Applicant Signature Date