

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: _____

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"/> <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? ☐ 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	<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
Social Media	<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
Street	City	State	Zip
Street	City	State	Zip

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