

Town of Berlin, Massachusetts

APPLICATION FOR EMPLOYMENT

Office of the Town Administrator 23 Linden Street, Berlin MA 01503 selectmen@townofberlin.com

Thank you for your interest in employment with the Town of Berlin. The Town is an Equal Opportunity/Affirmative Action Employer and does not discriminate in hiring or employment on the basis of race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other basis protected by federal, state or local laws. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration, but its receipt does not guarantee employment.

INSTRUCTIONS

- 1. For consideration, applications must be completed and signed in **INK** and returned to the mailing address above or scanned and emailed to the email address above by the advertised deadline.
- 2. Answer each question in this application fully and accurately even if a resume is being submitted.
- 3. A separate application must be submitted for each position you are applying for.

	GENERAL INFORMATION	NC		
Position applying for:			 mm/dd/yyyy)	
Date available for work:	(mm/dd/yyyy)	,		
· ·	 □ Online Ad □ Town Website □ Town Social N □ Employment Agency □ Other 			
	APPLICANT INFORMAT	ION		
Name:				
Last Address:	First	Middle	Middle	
Street #/Street Unit	City/Town	State	Zip Code	
Telephone: Home	Mobile	E-mail:		
Are you a United States Citizen or oth	erwise eligible for employment i	n the United States? Yes	□ No	
The Town will hire only individuals wh their lawful employment status and id	,		acceptable proof c	
Are you age 18 or older? \square Yes \square No)			
Are you currently, or have you ever be	en employed by the Town of Ber	ʻlin? □ Yes □ No		
If yes: Department:	Dates: From	to		
Have you served in the U.S. Armed Fo	rces? Yes No (optional)			
Do you have a family member working	g for the Town? \square Yes \square No $\:$ If	yes, please list their name a	and department:	
Name:	Depa	Department:		

QUAL	IFICATIONS AND SKILLS						
Please review the functions of the position as outline essential duties of the position for which you are app	ed in the job description. Are you able to perform all of the plying? \square Yes \square No						
Do you possess a valid Driver's license? \square Yes \square No (answer if position applied for requires driver's license)							
List any machinery or heavy equipment that you hav	re operated efficiently:						
Special qualifications and skills, licenses or certificate	es, memberships in professional organizations, etc.						
EM	PLOYMENT HISTORY						
verified volunteer work performed. List only em	the resume when completing any sections of this application. (USE						
Employer Name:	Employment Dates: From to						
Street Address:	City, State, Zip:						
Telephone:Imr	mediate Supervisor:						
Position held (title):	Describe work performed:						
Base annual salary (without overtime) Beginning \$ Reason(s) for leaving or seeking other employment:	Ending \$						
May we contact this employer? \square Yes \square No							
Employer Name:	Employment Dates: From to						
Street Address:	City, State, Zip:						
Telephone: Imr	mediate Supervisor:						
Position held (title):	Describe work performed:						
Base annual salary (without overtime) Beginning \$	Ending \$						
Reason(s) for leaving or seeking other employment:							
May we contact this employer? \square Yes \square No							
Employer Name:	Employment Dates: From to						
	ess: City, State, Zip:						
elephone: Immediate Supervisor:							

Position held (title): _____ Describe work performed: _____

Base annual sala	ary (without overtime)	Beginning \$_		Ending \$	_			
Reason(s) for le	aving or seeking other	employment: _						
May we contact this employer? ☐ Yes ☐ No								
•	peen dismissed or aske ch employer/position?	_		□ Yes □ No Provide deta	nils:			
			EDUCATION*					
Type of	Name of	City/State	Course	Number of Years	Graduate?			
School	School		Major	Completed	List Degrees			
High School:								
College:								
Graduate Schoo	ıl:							
Additional educ	ation and/or vocationa	al, technical, or	military training	g relevant to the position	being applied for:			
*You may elect	to not answer if irrelev	ant to the requ	irements of the	position you are applyir	ng for.			
			REFERENCES					
•	three (3) PROFESSIONA mance. You will be noti			•	who can comment on your			
	nd occupation		Address		Phone			
2)								
/								

PLEASE READ CAREFULLY BEFORE SIGNING PAGE 4. If you have any questions regarding this statement, please ask them before signing.

In the event of employment to a position with the Town, I will comply with all the rules and regulations as set forth in the Town's policies, by-laws, or communications distributed to all employees, which may be changed without notice at the discretion of the Town. Additionally, I authorize the Town to supply my employment record in whole or part, and in confidence, to any prospective employer, government agency, or other parties.

I hereby authorize my present and/or former employers, educational institutions, credit bureaus, references, neighbors, and friends to disclose to the Town any and all information concerning my previous employment and any other pertinent information they may have, personal or otherwise, and I release all parties from any liability whatsoever resulting from such disclosure.

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably.

I understand and agree that if I am offered employment, the offer may be subject to successful completion of a pre-employment physical examination with respect to essential functions of the position I have applied for, a Criminal Offender Records Information (CORI) check, a credit report, and/or a background check. I further understand that my offer of employment will be as an employee-at-will and that no employment contract rights have been created. (This statement does not necessarily apply to those employees who, if hired, will be members of a collective bargaining agreement or employed under an individual employment contract.) I also understand and agree that my employment may be terminated at any time with or without cause (subject to the collective bargaining agreement or employment contract, if applicable) and with or without advance notice at the option of either the Town or myself. I also understand that no supervisor, manager, or another representative of the Town has any authority to enter into any express or implied contract for employment for any specific period of time. Any agreement contrary to the above must be in writing and must expressly state that it is a contract and be signed by the appointing Authority for my position within the Town.

I hereby acknowledge that I have read and understand the above statement.						
Signature of Applicant	Date					
I CERTIFY THAT ALL ANSWERS GIVEN AND STATEMENTS	MADE BY ME ON THIS APPLICATION ARE TRUE,					
ACCURATE, AND COMPLETE TO THE BEST OF MY KNOW	/LEDGE AND I UNDERSTAND THAT ANY FALSE OR					
MISLEADING ANSWERS OR ANY QUESTIONS OR ANY ON	MISSION OR CONCEALMENT OF FACTS WILL DISQUALIF					
ME FROM CONSIDERATION FOR EMPLOYMENT OR MAY RESULT IN IMMEDIATE DISCHARGE.						
I hereby acknowledge that I have read the above statement	and understand the same.					
Signature of Applicant	 Date					