



**Town of Berlin Parks & Recreation Department**  
**APPLICATION FOR EMPLOYMENT**

The Town of Berlin is an equal employment opportunity/affirmative action employer and intends to recruit, hire, train and promote without regard to race, color, sex, age, religion, national and ethnic origin, disability, marital status, sexual orientation, veteran status or any other protected class under applicable law.

\_\_\_\_\_  
Name (Last) (First) (Middle Initial)

\_\_\_\_\_  
Address (Street Name and Number) (City) (State) (Zip Code)

\_\_\_\_\_  
Telephone Number - Daytime Telephone Number - Evening Cell Phone

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Position Applied For\*  Full Time Date Available: \_\_\_\_\_  
 Part Time Date Available: \_\_\_\_\_

\*Please review job description to ensure minimum qualifications and/or age requirement is met.

Are you either a United States Citizen or authorized to work in the United States?  Yes  No

**EMPLOYMENT HISTORY (Please complete in full. Do not reference resume.)**

Beginning with current or most recent employment, list all employment within the last 5 years, including United States military service. Use back of application if necessary.

Name, Address and Phone Number of Employer	Dates Employed From / To	Position Held	Reason for Leaving	Name of Supervisor

**EDUCATION (Please complete in full. Do not reference resume.)**

Name and Address of Institution	# of Years Completed	Degree Earned	Field of Study

List any special skills and/or trade or professional licenses relevant to the job applied for:

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As a condition of working/volunteering, I give permission for the Town of Berlin to conduct a background check on myself/my son or daughter, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if myself/my son or daughter is appointed, my/their position is conditional upon the Town receiving no inappropriate information on my/their background. I hereby release and agree to hold harmless from liability the Town of Berlin, its officers, employees, agents, administrators and volunteers thereof or any other person or organization that may provide such information. I understand that, regardless of previous appointments, the Town of Berlin is not obligated to hire myself/my son or daughter or appoint them to a volunteer position. If appointed, I understand that prior to the end of the program, myself/my son or daughter is subject to suspension and/or removal by the Town of Berlin and/or its designated employees at any time with or without cause.

**REFERENCES (Please complete in full. Do not reference resume.)**

List at least three (3) **references** who can provide first-hand knowledge directly related to your **qualifications for the job** for which you are applying.

Name	Address and Phone Number	Relationship to You	# of Years Known

**Please indicate which of the following Certifications you currently hold:**

<u>Certificate</u>	<u>Yes</u>	<u>No</u>	<u>Expiration Date</u>
Standard First Aid	_____	_____	_____
Adult, Child, Infant CPR	_____	_____	_____
Lifeguard Training * **	_____	_____	_____
Lifeguard Training Instructor	_____	_____	_____
Water Safety Instructor**	_____	_____	_____
Blood Borne Pathogens	_____	_____	_____

*\* Must have current certification or enrolled in a class that ends by April 1<sup>st</sup> to be considered for employment. Certification must be valid through August 10, 2020 to be considered for employment.*

*\*\*Applicant must attach a copy of their current certifications or proof of enrollment in class to be considered for employment.*

*Lifeguard training and water safety instructor must be through American Red Cross.*

**Please Read Carefully Before Signing**

I certify that there are no misrepresentations, omissions or falsifications in the contained statements and answers provided on this application, and that the answers are true, complete and accurate to the best of my knowledge. I understand that false statements made by me on this application will be sufficient cause for termination from employment. I further understand that this application form is not a contract of employment.

I authorize the Town of Berlin to contact any of the educators, employers and references listed on this application, as well as those not specifically listed, and authorize such educators, employers and references to release to the Town of Berlin any and all information (including documents and/or other records) regarding my education, employment history or any other matter related to my application for employment with the Town.

Pursuant to the Immigration and Reform Control Act of 1986, all applicants, upon being made an offer of employment, must produce documentation specified by the federal government establishing identity and authorization of employment in the United States. This documentation must be produced no later than 72 hours following commencement of employment. I will be required to sign a Form I-9 (Employment Eligibility Verification) verifying, under oath, my employment authorization. I also understand all seasonal employees are required to set up direct deposit with Payroll. This means my paycheck will be wire transferred directly into my savings or checking account, whichever I choose. I understand proper paperwork must be filled out prior to me starting work.

I understand that the Town adheres to the principle of "employment at will", which allows either party to terminate the employment relationship at any time for any reason. If hired, I agree to abide by any and all Town policies, procedures and regulations. I understand that my hours of work and/or shift may change from time to time to meet the business needs of the Town and I agree to comply with such change and accept this as a term and condition of my employment with the Town of Berlin.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you for completing this application form and for your interest in the Town of Berlin. Employment will be subject to satisfactory reference evaluation and any other pre-employment exam that is appropriate for the position.