

# TOWN OF BERNE

## APPLICATION FOR EMPLOYMENT

Please TYPE or PRINT clearly. To be considered for employment, this *Application for Employment Form* must be completed and signed personally by the applicant. Each question must be answered in full, even if a resume is provided. If an answer is NO or NOT APPLICABLE, indicate such.

The Town of Berne is an Equal Opportunity Employer. We consider all applications for all positions without regard to race, color, religion, gender, national origin, age, sexual orientation, genetic predisposition or carrier status, disability, marital status, pregnancy, veteran status, or any other legally protected class or status.

Please notify the Town Supervisor if a reasonable accommodation is needed to participate in the application and/or interviewing process.

BIOGRAPHICAL DATA	Name (First, Middle, Last)		Telephone Number (     )			
	Street Address		Social Security Number			
	City		State		Zip Code	
	Position Applied For		Salary or Hourly Wage Desired			
	Are you Available to Work		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary		Date Available to Start Work	
	(check all that apply)		<input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Nights			
	Are you 18 years of age or older?					<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you previously submitted an <i>Application for Employment Form</i> and/or been interviewed for employment with us?					<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, give month and year    ___/___/___					
	Have you ever been employed with the Town of Berne before?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give dates    From    ___/___/___    to    ___/___/___						
Are you legally eligible for employment in the United States?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Employment eligibility will be verified upon employment.</i>						
If you have received a copy of the job description for the position for which you are applying, can you perform the essential functions of this job with or without reasonable accommodation?					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Job Description Not Provided	
EDUCATION	Type of School Attended	Name and Location of School	Number of Years Completed	Course of Study/Major	Diploma or Degree Obtained	GPA
	High School Or Preparatory School					
	College					
	Other					
SKILLS	Typing Speed:                                  WPM		Data Entry:                                  # Numeric Keystrokes/Hour		# Alpha Keystrokes/Hour	
	Computer Skills:					
	List any additional job-related skills, technical, or professional knowledge that you feel would support your qualifications for employment:			List any certificates, licenses, or professional achievements that would support your qualifications for employment:		

**EMPLOYMENT HISTORY** Provide employment information, including military service, for the last 15 years, starting with the most recent employer first. If you've held more than three jobs, provide this information on another sheet and attach to this form.

If current employer, may we contact to obtain employment information?  Yes  No

Name of Employer	Telephone Number ( )
------------------	-------------------------

Address	Street	City	State	Zip Code
---------	--------	------	-------	----------

Employment Dates (Month/Year) From ____/____/____ to ____/____/____	Starting Pay Rate	Current or Final Pay Rate
--	-------------------	---------------------------

Job Title of Position	Name and Job Title of Supervisor
-----------------------	----------------------------------

Brief description of job duties, responsibilities and significant accomplishments

Reason for leaving

Name of Employer	Telephone Number ( )
------------------	-------------------------

Address	Street	City	State	Zip Code
---------	--------	------	-------	----------

Employment Dates (Month/Year) From ____/____/____ to ____/____/____	Starting Pay Rate	Final Pay Rate
--	-------------------	----------------

Job Title of Position	Name and Job Title of Supervisor
-----------------------	----------------------------------

Brief description of job duties, responsibilities and significant accomplishments

Reason for leaving

Name of Employer	Telephone Number ( )
------------------	-------------------------

Address	Street	City	State	Zip Code
---------	--------	------	-------	----------

Employment Dates (Month/Year) From ____/____/____ to ____/____/____	Starting Pay Rate	Final Pay Rate
--	-------------------	----------------

Job Title of Position	Name and Job Title of Supervisor
-----------------------	----------------------------------

Brief description of job duties, responsibilities and significant accomplishments

Reason for leaving

Name/Occupation	Address	Telephone #	Years Known
1.			
2.			
3.			

**CONVICTION RECORD STATUS**

All applicants and employees must, as a condition of employment, inform the Town Supervisor of the Town of Berne of all convictions. This includes all convictions received within the past seven years, while your application for employment is pending, and within three days of receiving a conviction if currently employed.

Have you ever been convicted of, and/or plead guilty to, a felony or misdemeanor in the past seven years?  Yes  No

If you answered 'yes' and have been convicted of a felony or misdemeanor, please provide additional information such as the crime(s), date(s), court location, sentencing information, disposition of sentence, and rehabilitation completed. Please note that a 'yes' answer to this question does not necessarily disqualify an applicant from employment. Factors that will be taken into account include the nature of the conviction as it relates to the job applied for, the amount of time that has elapsed since the conviction and/or completion of sentence, and the seriousness of the offense. The Town of Berne reserves the right to reject individuals for employment based on job-related convictions.

Date of Offense	County and State in which Offense Occurred	Conviction/Explanation	Rehabilitation Completed

**PLEASE READ CAREFULLY AND SIGN BELOW**

I hereby certify that this *Application for Employment Form* was completed by me, and that all information provided is true and complete to the best of my knowledge. I understand that any misrepresentation or omission of any material fact may disqualify me from further consideration of employment, withdrawal of an offer of employment, or termination of employment, if hired.

I authorize the Town of Berne to verify all of the information I have provided on this *Application for Employment Form* or furnished elsewhere, and to obtain any additional information needed to consider my application for employment. I authorize all previous employers, educational institutions, references, and other persons who have knowledge of me or my records to provide the Town of Berne with any and all information pertinent to my employment and release the same from any liability resulting from providing such information. I also release the Town of Berne and its employees from all liability for any damage that may result from reliance on the information furnished.

If employed by the Town of Berne, I understand that I am required to abide by the Town of Berne's policies, procedures, rules, and regulations. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated by the Town of Berne or myself at any time for any reason with or without cause or notice. I further understand that the policies, procedures, rules, and benefits contained in the Town of Berne's employee handbook, benefit plans, and other written documents should not be considered an employment contract for any period of time.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_