



APPLICATION FOR EMPLOYMENT

Applicant Name: _____

Position for which applicant is applying: _____

Instructions for completing the application form:

1. Type or print clearly in blue or black ink.
2. Answer every question fully and accurately.
3. As an applicant for employment the City of Berkeley Lake will review, if applicable:
 - Address Search
 - Credit Report
 - Criminal Investigation
 - Credential Check
 - Education Verification
 - Employment Verification
 - Motor Vehicle Record
 - Reference Check
 - Transcripts
 - Workers Compensation Check
4. If an offer of employment is made to you, the City of Berkeley Lake may identify that it is contingent upon the results of a medical exam and/or drug screening results.
5. FALSE OR MATERIALLY INACCURATE INFORMATION ON THIS APPLICATION WILL BE CAUSE FOR DISQUALIFICATION FOR EMPLOYMENT OR DISMISSAL AT ANY TIME AFTER EMPLOYMENT.
6. Read certification and releases carefully before signing.
7. Return completed application.
8. If you need an alternative version of this form, please contact the Human Resources Department.

Should you wish to apply for any future openings with the City of Berkeley Lake,
a new application will be required.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of the City of Berkeley Lake to afford equal employment opportunity to all qualified persons regardless of race, color, religion, national origin, age, military status, sexual orientation, disability, or gender, except where age or sex is a bona-fide occupational qualification as allowed by the Civil Rights Act of 1964.

PERSONAL INFORMATION:

Name: _____
(First) (Middle) (Last)

Mailing Address:	
Home Address: (if different from mailing address)	
Home Telephone:	
Mobile Telephone:	
Email Address:	
Who referred you to us?	
Name and relationship of any relatives working for the City of Berkeley Lake:	

Are you eligible to work in the U.S. either because you are a U.S. Citizen or have U.S. government permission to do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you over age 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you reviewed the job description for the position for which you are applying?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to perform the essential functions of the position with or without accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you employed now?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT DESIRED

Position for which you are applying:	
Date you are available to begin working:	
Hours of the day you are available to work?	
Check all types of work for which you are available:	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Shift Work
Required starting salary:	\$ _____ per

In addition to your work history, what other experiences, skills or qualifications would qualify you for work with our agency?

EDUCATION (must include the name of the high school or state authority issuing diploma or certificate)

Name of School	Location	Main Course of Study	Did you Graduate?	Degree

List any additional education or training

PROFESSIONAL REFERENCES

List 3 people not related to you and not former employers who can comment on your work performance.

Name	Address	Occupation	Telephone #	Years Acquainted

EMPLOYMENT HISTORY

Complete all information in full even if you are attaching a resume. Begin with the most recent employment, including any present employment.

Company Name:	
May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Company Address:	
Job Title:	
Supervisor's Name:	
Dates employed at this company:	
Last salary earned at this company:	\$ per
Specific Duties performed:	
Reason for Leaving:	

Company Name:	
May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Company Address:	
Job Title:	
Supervisor's Name:	
Dates employed at this company:	
Last salary earned at this company:	\$ per
Specific Duties performed:	
Reason for Leaving:	

Company Name:	
May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Company Address:	
Job Title:	
Supervisor's Name:	
Dates employed at this company:	
Last salary earned at this company:	\$ per
Specific Duties performed:	
Reason for Leaving:	

Company Name:	
May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Company Address:	
Job Title:	
Supervisor's Name:	
Dates employed at this company:	
Last salary earned at this company:	\$ per
Specific Duties performed:	
Reason for Leaving:	

Company Name:	
May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Company Address:	
Job Title:	
Supervisor's Name:	
Dates employed at this company:	
Last salary earned at this company:	\$ per
Specific Duties performed:	
Reason for Leaving:	

Have you ever been suspended, demoted, dismissed or asked to resign from any job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe the circumstances in detail. Use additional sheets of paper if necessary.	

CERTIFICATIONS AND LICENSES

List any professional licenses, registrations or certifications you possess:

DRIVER HISTORY INFORMATION

Do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, indicate Class and State of Issue:	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Class</td> <td style="width: 50%;">State</td> </tr> </table>	Class	State
Class	State		
Have you received any traffic violations in the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, list type of offenses and dates:			

RELEASE AND CERTIFICATION

PLEASE READ BEFORE SIGNING

I understand that the foregoing will be verified to expedite my application for employment with the City of Berkeley Lake. I hereby authorize the City of Berkeley Lake to conduct a full investigation into my background.

I authorize the City of Berkeley Lake to obtain my previous work records, employment records, character references and any other information concerning character, ability and habits and all other necessary information. Further I grant authority to the keeper of these records to release said records to the City of Berkeley Lake for making its hiring decision. I agree that the City of Berkeley Lake shall not be liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statement, omission or answers made by me on this application. I agree that my previous employers shall not be liable regarding any information provided by them in connection with this release.

I certify under the pains and penalty of perjury that all statements made by me on this application and in any supplemental information provided to the City of Berkeley Lake herewith are true and complete to the best of my knowledge and that I have withheld nothing, which, if disclosed, would affect this application unfavorably. I understand that any false statements, omissions or answers made by me on this application can result in my immediate termination.

I understand that as a condition of my employment I will be required to take a pre-employment drug screening and that any positive drug test will be communicated in a confidential manner.

In compliance with the Immigration and Reform Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on the first day of employment.

I hereby acknowledge that I have read in full and understand the above statements and conditions of employment.

Signature of Applicant

Date

Printed Name



APPLICATION FOR EMPLOYMENT
SUPPLEMENT

Applicant Name: _____

Position for which applicant is applying: _____

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PERSONAL INFORMATION:

Name: _____
(First) (Middle) (Last)

CRIMINAL HISTORY INFORMATION

Have you, since the age of 18, ever been convicted of or plead guilty or no contest to a misdemeanor? Examples include Bad Checks, DUI, etc. Omit non-moving traffic violations, parking tickets and any offense which was finally adjudicated in a Juvenile Court or under a Youth Offender Law.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe the circumstances. Include date, place, charges, disposition. Use additional sheets of paper if necessary.	
Have you since the age of 18, ever been convicted of or plead guilty or no contest to a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe the circumstances. Include date, place, charges, disposition. Use additional sheets of paper if necessary.	

IN CASE OF EMERGENCY, PLEASE NOTIFY

Name:	
Relationship:	
Best contact number:	
Alternative contact number:	
Address:	

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Signature of Applicant

Date

Printed Name