



City of Berlin Application for Employment

Position Applying For _____

Date of Application _____

The following information is requested in order to help us make the best possible placement with the City of Berlin. All portions of this application pertaining to you must be completed. City of Berlin does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, disability, sexual orientation or any other characteristic protected by law.

PERSONAL DATA:

Name _____
Last First Initial

Home phone _____

Address _____
Street/PO Box

Other phone _____

Email address _____

City State Zip Code

Are you 18 years or older?

☐ Yes

☐ No

Are you authorized to work in the United States?

☐ Yes

☐ No

Do you have a valid Driver's License?

☐ Yes

☐ No

Do you have a CDL (if required)?

☐ Yes

☐ No

Have you ever been convicted of a crime other than minor traffic violations?
(a criminal record will be considered only as it relates to the job applied for)

☐ Yes

☐ No

If yes, please explain:

Are you related to any employee of the City of Berlin?

☐ Yes

☐ No

If yes, please list his/her name and your relationship.

Have you worked for a WRS (Wisconsin Retirement System) participant in the past? ☐ Yes

☐ No

EDUCATION AND TRAINING:

School	Name and Location	Dates Attended From: To:	Course of Study and Degree	Graduated
High School/GED		_____ _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
College or University		_____ MO/YR MO/YR		<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School		_____ MO/YR MO/YR		<input type="checkbox"/> Yes <input type="checkbox"/> No
Business, Trade, Vocational or Other		_____ MO/YR MO/YR		<input type="checkbox"/> Yes <input type="checkbox"/> No

List Additional Skills Acquired:

EMPLOYMENT RECORD:

Please complete by beginning with last or current employer, then next to last, etc.

If currently employed, may we contact that employer? ☐ Yes ☐ No

Employer	Phone	Dates of Employment From To	
Address	Salary (Optional)	Hours/Week	Supervisor
Reason for Leaving	Job Title		
Description/Duties			

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Reason for Leaving	Job Title		
Description/Duties			

(Use a separate sheet for additional employers.)

MILITARY SERVICE RECORD:

Have you ever been in the armed forces? ☐ Yes ☐ No

If yes, what branch? _____

Dates of duty: From _____ To _____

Rank at Discharge: _____

What were your duties in the service (include special training and duty station)?

REFERENCES:

List persons who are familiar with your qualifications and background. (No relatives)

	Name	Address/Phone	Business or Occupation
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

SUMMARY

Please summarize any special skills or qualification you have acquired that will support your application for this position.

PLEASE READ THE PARAGRAPHS BELOW BEFORE SIGNING:

**CITY OF BERLIN RELEASE OF INFORMATION,
WAIVER OF LIABILITY, RELEASE OF CLAIMS, AND
INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

Authorization. I, _____, want and authorize City of Berlin (the “City”) to conduct a thorough and detailed investigation of my personal history, including my employment history and education history, and including the employers, businesses, schools, entities, and any persons named in my application, in any other documents filed with the City during the hiring process, or as otherwise learned of or contacted by the City, to give any information, including records, regarding my education, employment, character, and qualifications.

I want and authorize any person contacted to provide the City any information regarding my employment, education, and other information about me, which may include, but not be limited to, information about my employment, performance, character, evaluations, work records (excluding workers compensation information and medical information, if any, but including medical files relating to mental competency issues bearing on my suitability for a law enforcement officer position), wage rates, supervisors’ comments, results of any non-medical tests, discipline, employment counseling, investigations, and any reports or letters, and complaints or allegations regarding any misconduct.

I agree to execute release authorization forms as required by the City or my current or former employers to request employment records from my present and/or former employer(s).

I authorize the City to conduct a background criminal history check. I recognize that information received about my arrest and conviction record will be considered by the City only if it substantially relates to the employment position.

I understand this authorization is not an authorization for the City to conduct a credit history check under the Fair Credit Reporting Act. I understand the City will provide me with a separate conspicuous notice informing me of the City’s decision to perform a credit history check and notice of my rights and ability to authorize and grant permission for the credit history check under the Fair Credit Reporting Act.

Waiver. I waive all rights to privilege or confidentiality that may exist with respect to the release of the above-referenced records and information. I waive my right of access to the records and information received by the City.

Release, Hold Harmless, and Indemnification. I release, hold harmless and agree to indemnify the City, which includes all of its employees, officers, agents, attorneys, representatives, insurers, and investigators utilized by the City, and any employers, businesses, schools, entities and any other persons (collectively, the “Other Parties”) who provide information and records about me, from or for any liability, claims, judgments or damages related to providing any information or records about me and including the information provided about me. I will indemnify and defend the City and the Other Parties from and against any and all claims, demands, actions and damages, including payment of their attorneys’ fees and costs, of whatever nature made or asserted by me or any person acting or claiming to act on my behalf against the City or the Other Parties related to or involving the release or use of these records and information about me, regardless of the outcome of the proceedings.

I fully understand my obligations under Wis. Stat. § 165.85(4)(em)1 to release the interviewing agency and each law enforcement agency, tribal law enforcement agency, jail, juvenile detention facility, or government agency that employs or has employed me from any liability related to the use and disclosure of my employment files and records, and I intend through this authorization to release those parties from liability and any other person providing information about me pursuant to this authorization.

Understanding and Agreement. With knowledge of the circumstances and the rights that I give up, I freely sign this binding Agreement and waive the rights I might otherwise have to bring any claim against the City and these Other Parties and with full knowledge of my responsibility of indemnification of the City and these Other Parties and my release of any claims against them. I understand the City may no longer consider my application for employment if I did not agree to the terms of this Agreement. I understand that information provided to the County by the Other Parties may result in me not being employed by the County. I recognize the responsibility the City has to others through the City’s hiring practices, and I recognize the City’s costs of operations may be substantially higher if I did not agree to these terms. I waive my right to negotiate for different terms.

If for any reason a court of competent jurisdiction finds any provision of this Agreement to be illegal or unenforceable, I want the offending provision to be deemed amended to the extent necessary to conform to the applicable law and for the fullest protection of the interests of the City and Other Parties.

I understand my personal information about me, including my gender, my birthdate, my social security number, and driver's license number, are requested by the City for purposes of verifying my identity, to avoid mistaken identity and for purposes of conducting an effective and thorough background examination. I understand the City will not consider my age or any other protected status information for purposes of hiring decisions.

The following information about me is true and correct to the best of my knowledge.

Print Name: _____ Birthdate: _____

Driver License Number: _____

Current Address: _____

Signature: _____ Date: _____

Submit completed application to:
CITY OF BERLIN
ATTN CLERK'S OFFICE
108 N. Capron St.
P.O. Box 272
Berlin, WI 54923

If submitting your application materials via US Mail, please make sure you have enough postage as to not cause delay in processing.

How did you hear about this employment opportunity?

- ☐ Facebook
- ☐ Newspaper
- ☐ City of Berlin Website
- ☐ Job Center of Wisconsin Website
- ☐ School
- ☐ Posting or email at my place of employment
- ☐ Friend / Relative
- ☐ Other

Questions for CDL Applicants (49 CFR Part 40.25 and 40.311)

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by USDOT agency drug and alcohol testing rules during the past two years? ☐Yes ☐No
2. If yes, have you been evaluated by a Substance Abuse Professional (SAP) as required by 49 CFR Part 40, Subpart O (40.285)? ☐Yes ☐No
(Note: If yes, a written report from the SAP is required.)
3. If yes, did you complete USDOT's Return-to-Duty process, including follow-up testing, as required by 49 CFR Part 40, Subpart O)? ☐Yes ☐No
(Note: If yes, a written report from the SAP is required.)