



# BERLIN AREA SCHOOL DISTRICT

## Today's Learners. Tomorrow's Leaders.

### APPLICATION FOR EMPLOYMENT - General Application

#### PERSONAL INFORMATION

Today's Date \_\_\_\_\_ Position(s) Applying For \_\_\_\_\_

Applicant's Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street City State Zip

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

#### EDUCATION AND PROFESSIONAL TRAINING

Check the highest level of education completed:

High School	Associate's Degree	Bachelor's Degree	Master's Degree
High School Attended _____		City/State _____	
College _____		City/State _____	
College _____		City/State _____	

#### EMPLOYMENT HISTORY

List in order from most recent employer through past employment:

Company \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
Employed From (Mo/Yr) \_\_\_\_\_ Employed To (Mo/Yr) \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes No

Company \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
Employed From (Mo/Yr) \_\_\_\_\_ Employed To (Mo/Yr) \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes No

Company \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Responsibilities \_\_\_\_\_

Employed From (Mo/Yr) \_\_\_\_\_ Employed To (Mo/Yr) \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes No

*Add an additional page if necessary.*

#### REFERENCES

List three references not related to you. Do not duplicate employment references.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

#### GENERAL INFORMATION

1. Do you have any pending arrests for crimes which affect the essential functions of the job for which you are applying for? Yes No

2. Have you ever been convicted of a felony or misdemeanor? Yes No

3. Have you ever worked for the Berlin Area School District? Yes No

4. Have you ever been dismissed or non-renewed, or resigned from employment in-lieu-of a potential dismissal or non-renewal, for any of the following causes: failure to meet the District's performance expectations, incompetence, inefficiency, neglect of duty, unprofessional conduct, or insubordination? Yes No

If yes to any of the above (1-4), please explain \_\_\_\_\_

5. Are you able to perform the duties required of the position for which you are applying? Yes No

If no please explain \_\_\_\_\_

6. Why are you interested in working for the Berlin Area School District? \_\_\_\_\_

7. List any additional information you would like the Berlin Area School District to consider \_\_\_\_\_

**NONDISCRIMINATION NOTICE AND DISCLAIMERS**

The Berlin Area School District is an equal opportunity employer and does not discriminate against any individual on the basis of age, race, creed, color, handicap, marital status, sex, national origin, ancestry, arrest or conviction record, or any other factor provided for by State and Federal laws and regulations.

The Berlin Area School District may conditional offer employment subject to review of driving and criminal records, results of physical examination (including drug test), credit history and/or verification of application and interview information provided by the candidate.

I certify that the answers given by me in this application are true and correct without any omissions of any kind. I agree that the Berlin Area School District, or its representatives, shall not be held liable in any respect if my employment is terminated, at any time, because of false statements, answers or omissions made by me in this application. I authorize the Berlin Area School District to make any investigation of my personal or employment history and authorize any former employer, person, organization or agency to disclose to the District any information they may have regarding me. I hereby release the District, as well as all providers of information, from any liability and for any damages, which may result from the furnishing and receiving of this information. A copy of this authorization and release is as valid as the original and should be recognized as such.

Applicant's Name \_\_\_\_\_  
First Middle Last

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