

**BERLIN TOWNSHIP
ERIE COUNTY
OHIO**

APPLICATION FOR EMPLOYMENT

Date _____

NAME _____ Social Security # _____
(Last) (First) (Middle)

PRESENT ADDRESS _____
(No.) (Street) (City) (State) (Zip Code)

PHONE _____ How long have you lived at this address? _____
(Area Code) (Phone No.) (Years)

Position Desired _____

Would you work? Full Time Part Time Weekends First Shift Second Shift Third Shift

Do you have a valid driver's license? Yes No Do you have transportation? Yes No

Have you ever been **CONVICTED** of a felony? Yes No

If yes, describe in full _____

EDUCATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 +

Name of School _____ Address of School _____
(City) (State) (Zip)

Did you graduate? Yes No Degrees _____

List Major Subjects _____

List Equipment that you can operate _____

List Office Machines that you can operate _____

**PLEASE TURN THE FORM OVER TO COMPLETE APPLICATION.
PLEASE DO NOT FORGET TO SIGN YOUR NAME.**

WORK HISTORY

Name of last employer _____ Date Started _____ Date ended _____

Address _____

Duties _____

Supervisor _____

Why did you leave? _____

Name of former employer _____ Date Started _____ Date ended _____

Address _____

Duties _____

Supervisor _____

Why did you leave? _____

Name of former employer _____ Date Started _____ Date ended _____

Address _____

Duties _____

Supervisor _____

Why did you leave? _____

PERSONAL REFERENCES

(Name) (Address) (Phone) (Business)

(Name) (Address) (Phone) (Business)

(Name) (Address) (Phone) (Business)

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company and/or township from all liability for any damage that may result from the utilization of such information.

SIGNATURE

DATE