

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	ADDRESS	CITY	ZIP	NUMBER OF YEARS KNOWN

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

EMPLOYER	DATES EMPLOYED		SUMMARIZE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
	FROM	TO	
PHONE			
ADDRESS			
STARTING JOB TITLE/FINAL JOB TITLE			
IMMEDIATE SUPERVISOR AND TITLE			
REASON FOR LEAVING			
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			

EMPLOYER	DATES EMPLOYED		SUMMARIZE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
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IMMEDIATE SUPERVISOR AND TITLE			
REASON FOR LEAVING			
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			

Comments: INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT _____

Skills and Qualifications

Summarize any special training, skills, and/or hobbies, and or prior lifeguard experience that you possess that may relate to working as a lifeguard. Also list any licenses and/or certifications (i.e. WSI, 1st Aid, CPR, etc.) that you have earned.

List special accomplishments, awards, clubs, etc.

Date of Red Cross Lifeguard certification _____	Expires? (date) _____
Date of Red Cross Pro-CPR certification _____	Expires? (date) _____
Where did you take the class? _____	Instructor _____
Have you ever had a Hepatitis B Vaccine? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, please give date _____	

OFFICE USE ONLY	
Hired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hire Date	_____
W-4?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I-9?	<input type="checkbox"/> Yes <input type="checkbox"/> No
work permit required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
work permit received?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Background Check?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Start Date	_____

CITY OF BERLIN

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to re-apply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president. I also understand that I am being hired for a seasonal and/or part time position that will not require more than 600 hours per year.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____ / ____ / ____

CITY OF BERLIN
HEPATITIS B VACCINE ELECTION/DECLINATION FORM

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HIV) infection. I am being given the opportunity to be vaccinated with hepatitis B vaccine at no charge to myself.

At this time I have not had a Hepatitis B vaccination and I choose to:

I would like to begin the series of vaccinations for Hepatitis B I understand that it is a series of three shots that take place over 6 months. There is an initial vaccination, a second vaccination one month later, and a final vaccination after 6 months. I also understand that I can receive the vaccination series at no charge to me.

I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B which is a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I understand that I can receive the vaccination series at no charge to me.

I have indicated my choice above.

Employee Name (Print): _____ Employee Signature: _____ Date: _____