APPLICATION FOR EMPLOYMENT

NEW BERLIN POLICE DEPARTMENT VILLAGE OF NEW BERLIN NEW BERLIN, ILLINOIS 62670

The Village of New Berlin considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.						
Position(s) Applied For Police Officer Other						
How Did You Learn About us?						
Date of Application						
Last Name	First Name			Middle Name		
Address: Number / Street		City/State			Zip Code	
Social Security Number	Date of Birth	1		Telephone Number	(Home)	
Drive License Number	Telephone N	Telephone Number (Cell Phone)		Email Address		
Are you at least 21 years of Age			Yes N	0		
Have you ever filed an application with us before?			Yes No If Yes, give Date			
Have you ever been employed with us before?			Yes No If Yes, give Date			
Are you currently employed?			☐ Yes ☐ No			
May we contact your present employer?			☐ Yes ☐ No			
Are you available to work:						
Are you currently on "lay-off" status and subject to recall?						
Have you ever been convicted of a felony?			☐ Yes ☐ No			
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No Proof of citizenship or immigration status will be required upon employment.						

EDUCATION						
List each elementary, junior high, middle, and high school you have attended. Whether part-time or full-time, list each trade, night school, business college, university, or any specialized training you have attended. Start with the most recent school you attended.						
-		Attendance dates:			Degrees or	
Name of School	Location of school (address, city, and state)	From	То	Graduate	# of units	
A.						
В.						
C.						
D.						
E.						
F.						
G.						
Describe any job-related training received in the United States Military						
Summarize special job-related skills and qualification required from employment or other experience.						
Summarize special job-related skins and qualification required from employment of other experience.						

EMPLOYMENT HISTORY							
			nd list your complete w nt, unemployment, volun		in chronological order. Include in sequence all and military service.		
A.	Dates: From	То	Name of Employer:		Job title/position:		
Add	ress of Employer:	10		Description	of Duties:		
Total time employed: Full name/address of immediate s		ddress of immediate supe	ervisor:	Home phone: () - Work phone: () -			
Salary: Full name/business a		usiness address of co-wo	orker:	Home phone: () - Work phone: () -			
Rea	son for Leaving:				, , ,		
B.	Dates: From	То	Name of Employer	:	Job title/position:		
Add	ress of Employer:		·	Description	of Duties:		
Tota	al time employed:	Full name/address of immediate supe		ervisor:	Home phone: () - Work phone: () -		
Sala	Salary: Full name/business address of co-wor			orker:	Home phone: () - Work phone: () -		
Rea	son for Leaving:						
C.	Dates: From T				Job title/position:		
Add	ress of Employer:			Description	of Duties:		
Tota	otal time employed: Full name/address of immediate supe		ervisor:	Home phone: () - Work phone: () -			
Sala	ary:	Full name/business address of co-wor		orker:	Home phone: () - Work phone: () -		
Rea	son for Leaving:						
D.	Dates: From	То	Name of Employer:		Job title/position:		
Add	ress of Employer:			Description	of Duties:		
Total time employed: Full name/address of immediate supe			Home phone: () - Work phone: () -				
Salary: Full name/business address of co-wor		orker:	Home phone: () - Work phone: () -				
	son for Leaving:						
Ε.	Dates: From	То	Name of Employer:		Job title/position:		
	ress of Employer:			Description			
	al time employed:		ddress of immediate supe		Home phone: () - Work phone: () -		
Sala		Full name/business address of co-wo		orker:	Home phone: () - Work phone: () -		
Rea	son for Leaving:						

REFERENCES			
List as many persons other than relative information about you. If a post office bo directions to residence/business. Use attack	x number or rural route number is us		
A. Name (last, first, middle):	Mailing Address:	Home phone:	Years known:
Employer's Name:	Employer's Address:	Work phone:	Work hours:
B. Name (last, first, middle):	Mailing Address:	Home phone:	Years known:
Employer's Name:	Employer's Address:	Work phone:	Work hours:
C. Name (last, first, middle):	Mailing Address:	Home phone:	Years known:
Employer's Name:	Employer's Address:	Work phone:	Work hours:
D. Name (last, first, middle):	Mailing Address:	Home phone:	Years known:
Employer's Name:	Employer's Address:	Work phone:	Work hours:
Applicant's Statement			
I certify that answers given herein are true and	complete to the best of my knowledge.		
I authorize investigation of all statements conta employment decision.	ined in this application for employment as	may be necessary in arriv	ing at an
This application for employment shall be considered for employment beyond this time pe			
I hereby understand and acknowledge that, unle organization is of an "at will" nature, which me Employee at any time with or without cause. It by any written document or by conduct unless sorganization.	ans that the Employee may resign at any t is further understand that this "at will" em	ime and the Employer may ployment relationship may	discharge not be changed
In the event of employment, I understanding the discharge. I understand, also, that I am required			ew(s) may result in
I give authorization for an investigation of a	criminal background check being comp	leted for this position of	employment.
Signature of Applicant		_	