

Berg Management Company, LLC  
 235 W. Broadway, Ste. 10  
 Waukesha, WI 53186



**APPLICATION FOR EMPLOYMENT**

**PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE**

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

Date: \_\_\_\_\_

Name: \_\_\_\_\_  

Last
First
Middle
Maiden

Current Address: \_\_\_\_\_  

Number
Street
City, State, Zip

How Long? \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth (If under 18, current age): \_\_\_\_\_

Position(s) applied for and salary desired (be specific):

(1) \_\_\_\_\_

(2) \_\_\_\_\_

Days/hours available to work:      No Pref    Mon    Tues    Wed    Thur    Fri    Sat    Sun

How many hours can you work weekly? \_\_\_\_\_ Can you work nights?     Yes     No

Employment desired:            Full-time only            Part-time only            Full-or part-time

Date available to start work: \_\_\_\_\_

**EDUCATION**

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete Mailing Address)	NUMBER OF YEARS COMPLETED	MAJOR/ DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

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<b>MAINTENANCE ONLY</b>		
DO YOU HAVE A DRIVER'S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What is your means of transportation to work? _____		
Driver's license number: _____	Expiration Date: _____	
State of Issue: _____	<input type="checkbox"/> Operator	<input type="checkbox"/> Commercial (CDL) <input type="checkbox"/> Chauffeur
Have you had any accidents during the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No		How Many? _____
Have you had any moving violations during the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No		How Many? _____

<b>OFFICE ONLY</b>		
Typing: <input type="checkbox"/> Yes                      _____ WPM <input type="checkbox"/> No		
Computer: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PC <input type="checkbox"/> MAC <input type="checkbox"/> Other	_____	
10-Key: <input type="checkbox"/> Yes                      _____ KSPM <input type="checkbox"/> No		
Other Skills: _____		
(List programs and skills. For example: Excel, Word, etc.) <a href="#">Click here to enter text.</a>		

<b>MILITARY ONLY</b>		
HAVE YOU EVER BEEN IN THE ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Specialty: _____	Date Entered: _____	Discharge Date: _____
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Specialty: _____	Date Entered: _____	Discharge Date: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation:		

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**WORK EXPERIENCE**

Please list your work experience for the **past five years**, beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets, if necessary.**

Name of employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of last Supervisor: \_\_\_\_\_

Your last job title: \_\_\_\_\_

Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Pay or Salary: Start: \_\_\_\_\_ Final: \_\_\_\_\_

Reason for leaving (be specific): \_\_\_\_\_

May we contact:  Yes  No

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

Name of employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of last Supervisor: \_\_\_\_\_

Your last job title: \_\_\_\_\_

Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Pay or Salary: Start: \_\_\_\_\_ Final: \_\_\_\_\_

Reason for leaving (be specific): \_\_\_\_\_

May we contact:  Yes  No

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

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**REFERENCES**

Please list **TWO** references other than relatives or previous employers:

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
Telephone _____	Telephone _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. If additional space is needed, please attach another sheet.

Did you complete this application yourself?  Yes  No

If not, who did? \_\_\_\_\_

*I certify that all the information provided above is true and correct to the best of my knowledge. I understand that my employment may be terminated if I have made any material, false, or incomplete statements on this application. Furthermore, I authorize Berg Management to perform verification of the information provided on this application, which includes, but is not limited to: conducting a consumer credit report, a criminal background check, as well as verifying previous employers.*

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date