

## CITY OF WATERTOWN APPLICATION FOR EMPLOYMENT

### Applicant Instructions:

Should you need assistance in filling out this application or during any phase of the employment process, please notify the person that gave you this form and we shall make every reasonable effort to accommodate your need.

1. Complete the entire application; do not leave any blanks.
2. If additional space is needed to complete a question, you may attach additional materials.
3. It is important that you print clearly; incomplete or illegible applications will not be processed.
4. While you may attach a resume, you are required to complete an application in order to be considered an applicant for employment.

### Applicant Note – please read:

This application is intended for use in evaluating qualifications for employment. This is not an employment contract. Answer all questions completely and accurately. False or misleading statements during the interview or on this form are grounds for terminating the applicant process or, if discovered after employment, termination of employment. All qualified applicants will receive consideration without consideration of race, color, creed, religion, sex, sexual preference, national origin, marital status, age, veteran status or the presence of disabilities. The City of Watertown is an equal opportunity employer. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting for work, you will be required to submit to a medical review. Depending on City policy and the essential needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the City.

### Applicant Information:

Applicant's full name (last, first, middle):			
Present street address:		City:	State: ZIP Code:
E-mail address:	Phone number: Day: (    )                      Evening: (    )		
Position applying for:	Employment category: <input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Temporary	Earliest date available to work:	
Are you able to perform the requirements of this position with or without reasonable accommodation?		<input type="radio"/> Yes <input type="radio"/> No	
Have you read the position description or had the requirements of this position explained to you?		<input type="radio"/> Yes <input type="radio"/> No	
Do you understand the requirements of the position for which you are applying?		<input type="radio"/> Yes <input type="radio"/> No	
Are you or have you ever been employed by the City of Watertown?		<input type="radio"/> Yes <input type="radio"/> No	If yes, list dates:
Do you currently have relatives who work for the City of Watertown?		<input type="radio"/> Yes <input type="radio"/> No	If yes, specify:

### Job-related Skills/Licenses:

Do you possess a valid driver's license? <input type="radio"/> Yes <input type="radio"/> No	Type of driver's license:	State license was issued:
List moving violations within the last five years:		
List any skills, licenses or certifications that would be of value in this position:		

### Education:

<b>High School:</b>	Major/Course of Study:	Name of School:	City/State:	Degree Obtained:
<b>Vocational/Technical:</b>	Major/Course of Study:	Name of School:	City/State:	Degree Obtained:
<b>College (Undergraduate):</b>	Major/Course of Study:	Name of School:	City/State:	Degree Obtained:
<b>College (Graduate):</b>	Major/Course of Study:	Name of School:	City/State:	Degree Obtained:

**Previous Employment:** Since we will be making every effort to contact previous employers, correct contact information is critical.

Employer/Company:	City/State:	Job title:
Supervisor's Name:	Supervisor contact information:	
	Phone:	E-Mail:
Dates of employment:	Rate of Pay:	May we contact this employer?
From:                      To:	\$                      per	<input type="radio"/> Yes <input type="radio"/> No
Reason for leaving:	Duties:	

Employer/Company:	City/State:	Job title:
Supervisor's Name:	Supervisor contact information:	
	Phone:	E-Mail:
Dates of employment:	Rate of Pay:	May we contact this employer?
From:                      To:	\$                      per	<input type="radio"/> Yes <input type="radio"/> No
Reason for leaving:	Duties:	

Employer/Company:	City/State:	Job title:
Supervisor's Name:	Supervisor contact information:	
	Phone:	E-Mail:
Dates of employment:	Rate of Pay:	May we contact this employer?
From:                      To:	\$                      per	<input type="radio"/> Yes <input type="radio"/> No
Reason for leaving:	Duties:	

**References:** Include only individuals familiar with your work ability (Do NOT include relatives)

Name:	Title/Occupation:	Relationship:	Phone number:	E-mail:

**Security:**

Have you used any names other than the one given on this application? <input type="radio"/> Yes <input type="radio"/> No If yes, please list:
Are there pending criminal charges against you, or have you ever plead guilty to or been convicted of any crime? <input type="radio"/> Yes <input type="radio"/> No
<b>IF YES:</b> On an additional sheet of paper, provide details related to pending charges, pleas or convictions including, but not limited to, date of the incident, plea or conviction, factual circumstances of incident, and specific violations. Pending charges, guilty pleas or convictions will not automatically disqualify the applicant from employment unless charges or convictions substantially relate to the job applied for.

**Certification and Release:**

I certify that I have read and understand the applicant note on this form and that answers given by me to the foregoing questions and the statements made are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or termination at any time during my employment. I authorize the City of Watertown and/or its agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during my employment. If City policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during my employment.

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

# PLEASE DO NOT ATTACH THIS TO YOUR APPLICATION CITY OF WATERTOWN – RECRUITMENT INFORMATION

## COMPLETION OF THIS FORM IS VOLUNTARY

This form is not a part of your application for employment and will stay separate from the application. Your answers will neither help nor hinder your chance for employment with the City of Watertown. No applicant for employment shall be discriminated against because of race, color, creed, religion, sex, genetic testing, sexual orientation, marital status, membership in the military reserves, national origin, ancestry, age, arrest or non-job-related conviction record, non-job-related physical or mental disability.

This form will be treated confidentially and is used only to help assess our recruiting effort as well as monitor progress of the City's Affirmative Action efforts and to comply with Federal recordkeeping requirements. We ask for your cooperation in completing the following information, **please print or type.**

Name (last, first, middle):			
Home address:		City:	State:      ZIP Code:
Position applied for:		How did you hear about this position?	
<b>GENDER</b> <input type="radio"/> Male <input type="radio"/> Female		<b>ETHNICITY</b> <input type="radio"/> Hispanic/Latino <input type="radio"/> Non-Hispanic/Non-Latino	

<b>RACIAL GROUP</b> – please check one:		<input type="radio"/>	<b>Two or more races</b>
<input type="radio"/>	<b>White, not of Hispanic origin</b> – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.	<input type="radio"/>	<b>Hispanic</b> – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
<input type="radio"/>	<b>Black or African American, not of Hispanic origin</b> – All persons having origin in any of the Black racial groups of Africa.	<input type="radio"/>	<b>American Indian or Alaskan Native</b> – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
<input type="radio"/>	<b>Asian</b> – All persons having origins in any of the original peoples of the Far East, Southeast Asia, or Indian Subcontinent.	<input type="radio"/>	<b>Native Hawaiian or other Pacific Islander</b>

<b>VETERAN STATUS</b> – please check one:	
<input type="radio"/>	No Military Service
<input type="radio"/>	Active Reserves    Branch _____
<input type="radio"/>	Veteran                      Branch _____      Years _____      Type of discharge _____

<b>DISABILITY STATUS:</b> The Americans with Disabilities Act (ADA) defines an individual with a disability as “one who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or who is regarded as having such an impairment.”	
Based on the above definition, are you an individual with a disability? <input type="radio"/> YES <input type="radio"/> NO	