

# CITY OF WATERTOWN, SD

## APPLICATION FOR EMPLOYMENT AN EQUAL OPPORTUNITY EMPLOYER

Human Resources  
23 – 2<sup>nd</sup> St. NE, P.O. Box 910  
Watertown, SD 57201-0910



**NOTE:** This form is an application for employment with the City of Watertown and is not intended as any guarantee of employment or contract of employment with the City. Please complete all parts of this application to the best of your ability. Any false or misleading information provided on this application may be grounds for refusal to hire or termination of employment. All applicants are considered without regard to race, color, religion, national origin, gender, age, disability, marital status, veteran status, sexual orientation, citizenship, political affiliation, or any other characteristic protected by law in all employment decisions.

**A new application must be completed for each position for which you apply; including returning part-time, seasonal or temporary employees. Resumes will not be accepted in lieu of completion of any part of this application.**

### PERSONAL – PLEASE PRINT

Last Name		First Name		Middle Name/Initial	
Home Address			City	State	Zip
Primary phone (with area code): Secondary phone (with area code):			E-mail address:		
Are you legally eligible for employment in this country?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>(Proof of eligibility will be required upon employment.)</i>	
If you have any relatives who work for the City of Watertown, please provide their name and your relationship.					
If you have ever previously been employed by the City of Watertown, please provide information regarding position(s) held, dates of employment, and reason(s) for leaving.					
Do you claim Veteran's Preference? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a copy of DD214 (separation papers).					
List below any violations, other than parking tickets, for which you have been convicted of or pled guilty to within the last five years. Provide type of offense, place, date and sentence. <b>Convictions will not necessarily disqualify you from employment with the City of Watertown. Please be complete. All information is subject to verification.</b>					
Do you have a valid Driver's License?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
State:	License #:	Class:	Expiration Date:		
Commercial Driver's License?	Class:	Endorsements:			

### POSITION – Check appropriate box of position applied for on this application.

<input type="checkbox"/> <b>Full-time</b> Position Title: _____ Available Start Date: _____ <input type="checkbox"/> <b>Police</b> - Civil Service (Exam) Applicant – are you at least 21 years of age on date of application? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Fire</b> - Civil Service (Exam) Applicant – are you at least 18 years of age on date of application? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Other</b> – Civil Service (Exam) Applicant <i>(Exam required for position)</i> <input type="checkbox"/> <b>Other</b> – Non-Civil Service Applicant <i>(No exam required for position)</i>
<input type="checkbox"/> <b>Less Than Full-time</b> <input type="checkbox"/> <b>Seasonal</b> <i>(duration of season only)</i> Please circle to indicate season: <i>summer or winter</i> <input type="checkbox"/> <b>Part-time</b> <i>(position available all year, employee works less than 30 hours per week)</i> <input type="checkbox"/> <b>Temporary</b> <i>(position created for a definite period of time only - not to exceed 1040 hrs)</i>
Position Title: _____ Department: _____
Minimum hours desired _____ Available start date _____ End date _____

**PLEASE PRINT**

Applicant Name \_\_\_\_\_

**EDUCATION AND TRAINING**

School	Name of School / Issuing Agency – City & State	Did You Graduate (Yes / No)	Degree Received or Years/Hours Completed	Major & Minor Fields of Study
High School or equivalent		Yes ___ No ___ GED ___	___9___10 ___11___12	(No need to complete this area of study for high school)
Vocational Technical				
College / University				
Other				

**LICENSE OR CERTIFICATES**

License or Certificate	Issuing State	License or Certificate No.	Expiration Date (if applicable)

**EMPLOYMENT RECORD**

**Beginning with your current or most recent employment, provide complete information. Use additional paper if necessary.**

Employer / Company		Address	
Phone	Supervisor	Reason for Leaving	
Dates of Employment From (Mo/Yr) To (Mo/Yr)		Ending Wage/Salary Specify: annual/month/hour	If this is your present or most recent employer, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, explain:
Position Title	List Duties/Responsibilities		
If you had supervisory responsibilities, please indicate how many individuals you supervised: _____ or N/A			

Employer / Company		Address	
Phone	Supervisor	Reason for Leaving	
Dates of Employment From (Mo/Yr) To (Mo/Yr)		Ending Wage/Salary Specify: annual/month/hour	
Position Title	List Duties/Responsibilities		
If you had supervisory responsibilities, please indicate how many individuals you supervised: _____ or N/A			

Employer / Company		Address	
Phone	Supervisor	Reason for Leaving	
Dates of Employment From (Mo/Yr) To (Mo/Yr)		Ending Wage/Salary Specify: annual/month/hour	
Position Title	List Duties/Responsibilities		
If you had supervisory responsibilities, please indicate how many individuals you supervised: _____ or N/A			

**PLEASE PRINT**

**PROFESSIONAL REFERENCES**

List individuals familiar with your work – DO NOT include relatives

Name	Employer / Title	Relationship	Years Known	Contact (include area code)
				Phone: E-mail:
				Phone: E-mail:
				Phone: E-mail:

**Acknowledgement and Authorization**

*Please read each of the following carefully before signing this application:*

**I understand and agree that:**

1. The City has my authorization to thoroughly investigate my work history; including contacting current and former employers. I will hold no person, corporation, or organization liable for giving or receiving information in this investigation.
2. In consideration of employment, I agree to conform to the rules and regulations of the City and I understand that no representative of the City has any authority to enter into any agreement, oral or written, for employment for any specified period of time or to make any agreement or assurances contrary to City policy.
3. The City is an equal opportunity employer. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state, or federal law.
4. As part of the City employment process, the City may conduct a background check to confirm the accuracy of information supplied on this application. By signing this application, I knowingly and voluntarily authorize such investigation upon receiving a conditional offer of employment.
5. I understand that passing pre-employment screenings, including drug and alcohol screening, fitness testing or psychological screening may be a requirement for some positions within the City. I understand that if a conditional offer of employment is given for a position with any of these requirements, a satisfactory completion of such pre-employment testing is considered a pre-requisite for qualifying for employment.
6. I further knowingly and voluntarily acknowledge that should any authorized background investigation produce omitted disclosure, intended or unintended, my application will be rejected and I will be disqualified for a period of five (5) years from the date of such discovery to make application for any position with the City, and I may be removed from the job after appointment.
7. I have read and agree to the above and hereby certify that the information provided in this employment application, including any additional information attached hereto, as well as any supplied during the hiring process, is true and complete. I further acknowledge that this is an application for employment and is not an offer of employment.

**UNSIGNED APPLICATIONS WILL BE DISQUALIFIED.**

Applicant's Signature:	Date:
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