

APPLICATION FOR EMPLOYMENT

**CITY OF WATERTOWN
309 LEWIS AVENUE SOUTH
WATERTOWN, MN 55388
(952) 955-2681
(952) 955-2695 (fax)**

(PLEASE PRINT OR TYPE INFORMATION)

POSITION APPLIED FOR _____ DATE _____

LAST NAME _____ FIRST NAME _____ MI _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

TELEPHONE NUMBER(S) _____

EMAIL ADDRESS _____ SOCIAL SECURITY NUMBER _____ - _____ - _____

REFERRAL SOURCE (PLEASE CHECK THE APPROPRIATE CATEGORY AND NAME THE SOURCE.)

___ WALK-IN _____ SCHOOL _____

___ EMPLOYEE _____ JOB FAIR _____

___ ADVERTISEMENT _____ STAFFING AGENCY _____

___ CITY WEBSITE _____ GOVERNMENT EMPLOYMENT AGENCY _____

___ OTHER WEBSITE _____ OTHER _____

IF NECESSARY, BEST TIME TO CALL YOU AT HOME IS: _____ AM PM

MAY WE CONTACT YOU AT WORK? YES _____ NO _____

IF YES, WORK NUMBER AND BEST TIME TO CALL: _____ AM PM

DRIVERS LICENSE #, REGISTRATIONS, LICENSES AND CERTIFICATES

	License Type	Number	Class	Expiration
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE REQUIRED PROOF OF YOUR ELIGIBILITY TO WORK? YES _____ NO _____ IF NO, PLEASE EXPLAIN _____

ARE YOU CURRENTLY EMPLOYED? YES _____ NO _____

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES _____ NO _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUTES? (PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT.) YES _____ NO _____

ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? _____

WHAT IS YOUR DESIRED SALARY RANGE OR HOURLY RATE OF PAY? \$ _____ PER _____

ARE YOU AVAILABLE TO WORK:

FULL TIME _____ PART TIME _____ SEASONAL _____ TEMPORARY _____

ARE YOU CURRENTLY ON LAY-OFF STATUS AND SUBJECT TO RECALL? YES _____ NO _____

IF THEY HAVE BEEN EXPLAINED TO YOU, ARE YOU ABLE TO MEET THE ATTENDANCE REQUIREMENTS OF THE POSITION? N/A _____ YES _____ NO _____

WILL YOU WORK OVERTIME IF REQUIRED? YES _____ NO _____

IF NO, PLEASE EXPLAIN: _____

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING (WITH OR WITHOUT REASONABLE ACCOMMODATION)? THIS QUESTION IS NOT DESIGNED TO ELICIT INFORMATION ABOUT AN APPLICANT'S DISABILITY. PLEASE DO NOT PROVIDE INFORMATION ABOUT THE EXISTENCE OF A DISABILITY, PARTICULAR ACCOMMODATION, OR WHETHER ACCOMMODATION IS NECESSARY. THESE ISSUES MAY BE ADDRESSED AT A LATER STAGE TO THE EXTENT PERMITTED BY LAW.

_____ YES _____ NO _____ NEED MORE INFORMATION ABOUT THE JOB'S "ESSENTIAL FUNCTIONS" TO RESPOND

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS? YES _____ NO _____
(APPLICANTS WHO ARE FINALISTS WILL BE SUBJECT TO A CRIMINAL BACKGROUND INVESTIGATION. CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT.)

IF YES PLEASE EXPLAIN: _____

EDUCATION

	Elementary School					High School				Undergraduate College/University				Graduate/ Professional			
School Name & Location																	
YEARS COMPLETED	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD. YOU MAY EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, ANCESTRY, HANDICAP OR OTHER PROTECTED STATUS.

REFERENCES (GIVE NAME, ADDRESS, AND TELEPHONE NUMBER OF THREE REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS).

1. _____
2. _____
3. _____

IF YOU HAVE SERVED IN THE UNITED STATES MILITARY, PLEASE INDICATE WHICH BRANCH, DATES SERVED, TYPE OF DISCHARGE AND DATE OF DISCHARGE. ALSO, PLEASE DESCRIBE YOUR DUTIES AND TRAINING: _____

DO YOU QUALIFY FOR VETERAN-S PREFERENCE POINTS? IF YES, PLEASE PROVIDE COPY OF FORM 214.

SPECIAL SKILLS AND QUALIFICATIONS. SUMMARIZE SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE.

EMPLOYMENT EXPERIENCE

Employer		Length of Service		Work Performed
Address				
Telephone Number(s)		Hourly Rate/Salary Starting Final		
Job Title	Supervisor			
Reason For Leaving				

Employer		Length of Service		Work Performed
Address				
Telephone Number(s)		Hourly Rate/Salary Starting Final		
Job Title	Supervisor			
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Employer		Length of Service		Work Performed	
Address					
Telephone Number(s)		Hourly Rate/Salary Starting Final			
Job Title	Supervisor				
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Address					
Telephone Number(s)		Hourly Rate/Salary Starting Final			
Job Title	Supervisor				
Reason For Leaving					

(If you need additional space, please continue on a separate sheet of paper.)

APPLICANT'S STATEMENT

BY MY SIGNATURE BELOW, I PROMISE THAT THE INFORMATION PROVIDED IN THIS EMPLOYMENT APPLICATION AND DURING ANY INTERVIEW (AND ACCOMPANYING RESUME OR DOCUMENTATION, IF ANY) IS TRUE AND COMPLETE, AND I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION OR SIGNIFICANT OMISSIONS MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT, AND MAY LEAD TO MY DISMISSAL FROM EMPLOYMENT, IF DISCOVERED AT A LATER DATE. I AGREE TO IMMEDIATELY NOTIFY THE CITY OF WATERTOWN IF I SHOULD BE CONVICTED OF A FELONY, OR OF ANY CRIME INVOLVING DISHONESTY, BREACH OF TRUST, CONTROLLED SUBSTANCES, OR SEXUAL MISCONDUCT WHILE MY JOB APPLICATION IS PENDING, OR DURING MY PERIOD OF EMPLOYMENT, IF HIRED.

I UNDERSTAND THAT THIS APPLICATION SHALL BE CONSIDERED ONLY FOR THE POSITION(S) LISTED ON THE FIRST PAGE OF THE APPLICATION AND CURRENTLY AVAILABLE AS OF THE DATE OF THIS APPLICATION.

I UNDERSTAND THAT THIS APPLICATION REMAINS CURRENT FOR ONLY 30 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 FOR ME TO REAPPLY AND FILL OUT A NEW APPLICATION.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL AUTHORIZATION TO WORK IN THE UNITED STATES AND THAT FEDERAL IMMIGRATION LAWS REQUIRE ME TO COMPLETE AN I-9 FORM IN THIS REGARD.

I AUTHORIZE ANY PERSON, SCHOOL, CURRENT EMPLOYER, PAST EMPLOYER(S), AND ORGANIZATIONS NAMED IN THIS APPLICATION (AND ACCOMPANYING RESUME, IF ANY) TO PROVIDE THE CITY OF WATERTOWN WITH ANY INFORMATION AND OPINION REQUESTED BY THE CITY OF WATERTOWN IN CONNECTION WITH ANY APPLICATION, AND I RELEASE SUCH PERSONS AND ORGANIZATIONS FROM ANY LEGAL LIABILITY IN MAKING SUCH STATEMENTS.

THE CITY OF WATERTOWN IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER AND WILL NOT DISCRIMINATE AGAINST ANY APPLICANT OR EMPLOYEE ON ANY GROUNDS PROTECTED UNDER FEDERAL, STATE, OR LOCAL LAW, INCLUDING RACE, COLOR, CREED, RELIGION, AGE, SEX, SEXUAL ORIENTATION, NATIONAL ORIGIN, ANCESTRY, MARITAL STATUS, DISABILITY, DISABILITY RELATED TO PREGNANCY OR CHILDBIRTH, MEMBERSHIP OR ACTIVITY IN ANY LOCAL COMMISSION, STATUS REGARDING PUBLIC ASSISTANCE, MEMBERSHIP OR NON-MEMBERSHIP IN ANY LABOR ORGANIZATION, OR ANY OTHER CHARACTERISTIC PROTECTED UNDER FEDERAL, STATE OR LOCAL LAW. NONE OF THE QUESTIONS IN THIS APPLICATION ARE INTENDED TO ELICIT INFORMATION REGARDING ANY PROTECTED CHARACTERISTICS, NOR IMPLY ANY LIMITATION, ILLEGAL PREFERENCES, OR DISCRIMINATION BASED UPON NON-JOB-RELATED INFORMATION OR PROTECTED CHARACTERISTICS.

THE CITY OF WATERTOWN LIKewise DOES NOT TOLERATE HARASSMENT BASED ON SEX, RACE, COLOR, RELIGION, NATIONAL ORIGIN, CITIZENSHIP, AGE DISABILITY, OR ANY OTHER PROTECTED STATUS. EXAMPLES OF

PROHIBITED HARASSMENT INCLUDE, BUT ARE NOT LIMITED TO, UNWELCOME PHYSICAL CONTACT, OFFENSIVE GESTURES, UNWELCOME COMMENTS, JOKES, EPITHETS, THREATS, INSULTS, NAME CALLING, NEGATIVE STEREOTYPING, POSSESSION OR DISPLAY OF DEROGATORY PICTURES OR OTHER GRAPHIC MATERIALS, AND ANY OTHER WORDS OR CONDUCT THAT Demean, STIGMATIZE, INTIMIDATE, OR SINGLE OUT A PERSON BECAUSE OF HIS/HER MEMBERSHIP IN A PROTECTED CATEGORY. HARASSMENT OF OUR EMPLOYEES IS STRICTLY PROHIBITED, WHETHER IT IS COMMITTED BY A MANAGER, COWORKER, SUBORDINATE, OR NON-EMPLOYEE (SUCH AS A VENDOR OR CUSTOMER). THE CITY OF WATERTOWN TAKES ALL COMPLAINTS OF HARASSMENT SERIOUSLY AND ALL COMPLAINTS WILL BE INVESTIGATED PROMPTLY AND THOROUGHLY.

I UNDERSTAND THAT THIS APPLICATION DOES NOT CREATE A CONTRACT OF EMPLOYMENT. I UNDERSTAND THAT, IF HIRED, I AM OBLIGED TO COMPLY WITH ANY AND ALL CURRENT AND SUBSEQUENTLY ADOPTED CITY OF WATERTOWN POLICIES, INCLUDING PHYSICAL EXAMINATION AND DRUG AND ALCOHOL TEST.

I DO NOT KNOW OF ANY REASON WHY I WOULD NOT BE ABLE TO PERFORM THE DUTIES AND TASKS OF THIS POSITION AS OUTLINED IN THE JOB DESCRIPTION.

I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND AND ACCEPT ALL TERMS OF THIS APPLICATION STATEMENT.

Signature of Applicant

Date

CITY OF WATERTOWN

APPLICANT FLOW SURVEY

All applicants for a position with the City of Watertown are requested to complete this form. Completion is voluntary and this form will not be filed with your application. It will be used by the City to compile summary data for the purpose of completing necessary government reports relative to affirmative action and equal opportunity and for the City's use in monitoring its recruitment process. This form may be returned under separate cover.

Title of Position: _____ Date: _____

City, County, and State of Residence:

City _____ County _____ State _____

Age Group: ___ 18-25 ___ 26-39 ___ 40 & Over

Gender: ___ Male ___ Female

What Race/Ethnic Group Do You Consider Yourself?

___ Caucasian ___ African American ___ Asian American

___ Hispanic ___ Native American ___ Other

How Did You Learn About This Job?

___ Private Employment Agency Name _____

___ Public Employment Agency Name _____

___ StarTribune

___ The Laker

___ Lakeshore weekly

___ LMC Bulletin

___ Other Local Newspaper Name _____

___ College/Technical School Name _____

___ High School Name _____

___ Walk-In

___ City Employee Name _____

___ Minority Group Referral Name _____

___ Other Source, Be Specific Name _____

Do You Have A Disability?

___ No ___ Yes - Epilepsy

___ Yes - Blindness ___ Yes - Paralysis

___ Yes - Deafness ___ Yes - Alcoholism

___ Yes - Diabetes ___ Yes - Mental

___ Yes - Other _____

NOTE: UPON RECEIPT BY THE CITY, THIS FORM WILL BE IMMEDIATELY DETACHED FROM THE REST OF THE JOB APPLICATION AND KEPT IN A CONFIDENTIAL FILE SEPARATE FROM YOUR APPLICATION.

