



**TOWN OF WATERTOWN
CONNECTICUT
EMPLOYMENT APPLICATION**

Town Hall Annex

61 Echo Lake Rd, Watertown, CT 06795

Telephone

860-945-5255

I. GENERAL INFORMATION

DATE _____

Name _____
 (Last Name) (First Name) (Initial)

Telephone Number _____ Email Address _____

If applicant is 17 years or less, Please enter Date of Birth _____

Present Address _____
 (Number) (Street)
 (City) (State) (Zip)

Permanent Address (if different then above) _____

Department or Position Interested in: _____

Have you ever been convicted of a crime _____ If Yes, when? _____

If your Application is considered favorable, how much notice would you be required to give? _____

Person to reach in case of emergency:
 Name _____ Address _____
 Business Phone _____ Home Phone _____

Are you able to perform all the essential duties of the position? _____
 If no, please describe _____

II. RECORD OF EDUCATION

School: Name & Address of School	Course of Study	Years Attended 1 2 3 4 +	Did you Graduate?	List Diploma or Degree
High School				
College				
Other, Specify				
Other, Specify				

Do we have your permission to check your records at the above institutions? Yes ___ No ___

Drivers License Number _____ Is this a CDL License? ___ State Issued _____

III. EMPLOYMENT RECORD

To be considered for the position you are applying for, all sections should be filled out in their entirety.

Current Employer Name and Address	Your Duties and Responsibilities	Employment Start Date Mo/Yr	Reason for Leaving
Position Held		Employment End Date Mo/Yr	Name of Supervisor
Previous Employer Name and Address	Your Duties and Responsibilities	Employment Start Date Mo/Yr	Reason for Leaving
Position Held		Employment End Date Mo/Yr	Name of Supervisor
Previous Employer Name and Address	Your Duties and Responsibilities	Employment Start Date Mo/Yr	Reason for Leaving
Position Held		Employment End Date Mo/Yr	Name of Supervisor
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Position Held		Employment End Date Mo/Yr	Name of Supervisor
Previous Employer Name and Address	Your Duties and Responsibilities	Employment Start Date Mo/Yr	Reason for Leaving
Position Held		Employment End Date Mo/Yr	Name of Supervisor

MILITARY SERVICE RECORD

Were you in the U.S Armed Services? Yes _____ No _____ If Yes what Branch? _____

Dates of Duty: From _____ To _____
Month Year Month Year

Rank at discharge: _____

List of duties in service, including special Training _____

IV. Personal References:

Name and Occupation	Address	Telephone #
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

V. Typing: (if applicable) Words per minute _____

Are there any other skills, experiences or qualifications that you feel would especially fit you for work with the Town of Watertown?

Have you ever been bonded? _____ If yes, on what jobs? _____

May we contact the employers listed above? _____

If not, indicate by number which one(s) that you do not wish us to contact _____

Do you have any relatives now employed by the Town of Watertown (Including Town Council Members)? _____

If yes, indicate his or her name _____

How related? _____

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements or omissions or misleading statements on this application shall be considered sufficient cause for dismissal. I further give the Town of Watertown permission to check my references, school attendance, job experience, credit, criminal and motor vehicle records.

Signature of Applicant

Date



Town of Watertown
424 Main Street
Watertown, CT 06795

NOTICE TO APPLICANTS

The Town of Watertown requires successful completion of a urinalysis drug test as part of its pre-employment screening process.

Additionally, the Town requires successful completion of a urinalysis drug test and/or breath alcohol test if the Town has reasonable suspicion that the employee is under the influence of drugs and/or alcohol, which adversely affects, or could adversely affect the employee's job performance.

The Town also requires employees in occupations that have been designated as safety-sensitive by the Federal Regulations to undergo random urinalysis drug testing at the rate of 50% of the total covered employees. Random alcohol tests will be conducted at the rate of 25% of the total FHWA covered employees only.

Drug tests are conducted for the Town by an outside, professional laboratory. Further details will be provided to applicants who successfully meet the Town's other criteria for employment.

Because we are required to notify applicants of our intent to conduct urinalysis drug testing, we ask that you sign and date this notice.

DATE

SIGNATURE

PRINTED NAME