

**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			
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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			
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.**

## Veterans Preference Points Application

Thank you for your interest and applying with the City of Watertown. As part of your application, this form must be completed and received by the city office along with your resume and application. If you have any questions about veterans preference, please call the city office at (952) 955-2681.

### **Description**

An honorably discharged veteran who has met certain service requirements is eligible for preference points to recognize the training and experience they received in the military. Non-disabled veterans who meet the minimum qualifications for the job are awarded five points on the 100 point hiring scale and disabled veterans are awarded ten points. Also, the spouse of a deceased veteran, or the spouse of a disabled veteran who because of the disability is unable to qualify is entitled to the same preference. For the points to be awarded, however, the veteran must give the city a copy of his or her discharge papers, usually a DD214 and request the preference points. At this time the city is asking that you formally request veterans preference points if you are eligible. At this time documentation is not requested, documentation of your eligibility may be required at a later date.

### ***All applicants please check the appropriate box.***

-----  
 No, I am not a veteran – nor is my spouse a deceased or disabled veteran.

Yes, I am a veteran

I am a disabled veteran

Or

I am not a disabled veteran

I am not a veteran – my spouse is a deceased or disabled veteran  
-----

Complete this section only if you or your spouse is a qualified veteran.

If you are qualified to receive veterans preference points because either you or your spouse is a qualified veteran, do you wish to receive the veteran preference points available to you? Please check one box:

(yes)  (no)  
-----

Please print your name and address \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date