CITY OF WATERTOWN, SD

PERSONAL - Please Type or Print

APPLICATION FOR SEASONAL EMPLOYMENT

An Equal Opportunity Employer

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



PLEASE READ: This form is an application for seasonal employment only 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.

Last Name	First Name		Middle Name	e / Initial	
Home /Street Address	City		State	Zip	
Primary phone (w/area code):		_Secondary phone (w/area co	ode):		
Email address:		_			
Are you legally eligible for employment in the	nis country? YES NO	(Proof of eligibility will be re	equired upon en	nployment)	
Do you claim Veteran's Preference? YES	NO (If yes, attach a	copy of DD214 – separation	papers)		
Provide name & relationship of any relative	who works for the City of W	Vatertown			
Have you ever been employed by the City List below any violations (including traffic o years. Provide type of offense, place, date Watertown. Please be complete. All infrapplicant.	ffenses), other than parking and sentence. Conviction	tickets, for which you have b	een convicted o	of or pled guilty to wi	ithin the last five
Complete the following if a valid driver's lice	ense is a requirement for the	e position you are applying fo	r:		
Driver's License Information:			<u></u>		
State	License #	Class	Ex	piration Date	
Commercial Class	Endorsements				
POSITION – Complete the sect	ion below for the pos	sition of this application	on		
Position Title:		Department:			
		e season: summer eriod of time only - not to e			
Minimum hours desired	Available start	date	End d	ate	

City of Watertown PO Box 910 – Watertown, SD 57201 605.882.6203 (phone) – 605.882.6218 (fax)

EDUCATION AND TRAINING

School	Name of School / Issuing Agency – City & State	Did You Graduate/ GED (Yes / No)	Degree Received or Years/Hours Completed	Major & Minor Fields of Study
High School or equivalent				(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 (Last 7 years)

	EMI LOTMENT RESORD (East 7 years)					
	Beginning with your current or most recent employment, provide complete information. Use additional paper if necessary.					
ľ	Employer / Company			Address		
L					7	
ı	Phone	Supervisor			Reason for	Leaving
L						
	Dates of Employment		Ending V	Vage/Salary		May we contact this employer? If NO,
ı	From (Mo/Yr) To (Mo/Yr)					please explain
F	Position Title Li	st Duties/Responsibi	ilities			
ı						
L						
	If you had supervisory responsibilities,					
ı	please indicate how many individuals					
L	you supervised: or N/A					
-						

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

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

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Applicant Name
Applicant Name

PROFESSIONAL REFERENCES

Name	Employer / Title	Relationship/How do you know this person?	Years Known	Provide best contact information – email or phone - include area code for phone contact

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: