

The City of Watertown does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or provision of services. We are an equal opportunity employer.

CITY OF WATERTOWN, SOUTH DAKOTA
APPLICATION FOR EXAMINATION
 AN EQUAL OPPORTUNITY EMPLOYER

CIVIL SERVICE BOARD
 City Finance Office
 23 – 2nd St. NE
 P.O. Box 910
 Watertown, SD 57201-0910

TYPE OF WORK _____

PRINT NAME:

Mr. Ms.

_____ LAST FIRST MIDDLE

ADDRESS:

_____ (_____) _____
 NUMBER STREET CITY STATE ZIP CODE TELEPHONE NO.

Have you ever been discharged or forced to resign from any position? YES ___ NO ___ If yes to
 Have you been convicted of, or pled guilty to the violation of any law or ordinance other than any, give full
 parking violations in the last five years? YES ___ NO ___ details on lines
 Have you been previously employed by the City of Watertown? YES ___ NO ___ below.

EDUCATION AND TRAINING

NAME OF SCHOOL AND LOCATION	Underline Highest Grade Completed			Did you graduate from High School? YES ___ NO ___
	7	8	9 10 11 12	
High School:				
Vocational Technical School:	Credit Hours		Degree Yes/No	Major Field
College or University:				
Graduate School:				

Business or Extension Course (completed courses only)	Driver's License No. _____ CDL: Yes ___ No ___ Class _____ Expiration Date: _____
School: _____ Course _____ School: _____ Course _____	

Membership in professional organizations or additional training: _____ _____ _____	Do you claim veteran's preference? YES ___ NO ___ Dates of service: _____ You must present your discharge or other proof.
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Professional Certificate (if required): A. Name: _____ B. License Board: _____ C. License Number: _____ D. Date of expiration: _____	Would you accept temporary or part-time employment? YES ___ NO ___
	What is the minimum number of hours you could work per week? _____
	Do you type? YES ___ NO ___ Words per minute: _____
	May we contact your present or most recent employer? YES ___ NO ___

EMPLOYMENT RECORD

MOST RECENT POSITION FIRST

(use additional paper if necessary)

<ol style="list-style-type: none"> Dates of employment Salary per month Full-time or part-time employment 	<ol style="list-style-type: none"> Name and address of employer (number, street, city, state) Reason for leaving 	<p>List each promotion as a separate position.</p> <ol style="list-style-type: none"> Title of your position Supervisor's name Describe your duties: indicate responsibility, size of operation, supervision, if any
<ol style="list-style-type: none"> From _____ To _____ Mo. Yr. Mo. Yr. \$ _____ \$ _____ MINIMUM MAXIMUM _____ 	<ol style="list-style-type: none"> 1. _____ NAME OF EMPLOYER _____ NUMBER STREET _____ CITY STATE 2. _____ 	<ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____
<ol style="list-style-type: none"> From _____ To _____ Mo. Yr. Mo. Yr. \$ _____ \$ _____ MINIMUM MAXIMUM _____ 	<ol style="list-style-type: none"> 1. _____ NAME OF EMPLOYER _____ NUMBER STREET _____ CITY STATE 2. _____ 	<ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____
<ol style="list-style-type: none"> From _____ To _____ Mo. Yr. Mo. Yr. \$ _____ \$ _____ MINIMUM MAXIMUM _____ 	<ol style="list-style-type: none"> 1. _____ NAME OF EMPLOYER _____ NUMBER STREET _____ CITY STATE 2. _____ 	<ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____

REFERENCES WITH KNOWLEDGE OF YOUR EXPERIENCE AND ABILITY

<ol style="list-style-type: none"> 1. _____ NAME _____ OCCUPATION 	<ol style="list-style-type: none"> 1. _____ STREET _____ CITY, STATE, ZIP 	<ol style="list-style-type: none"> 1. _____ HOME PHONE _____ WORK PHONE
<ol style="list-style-type: none"> 2. _____ NAME _____ OCCUPATION 	<ol style="list-style-type: none"> 2. _____ STREET _____ CITY, STATE, ZIP 	<ol style="list-style-type: none"> 2. _____ HOME PHONE _____ WORK PHONE
<ol style="list-style-type: none"> 3. _____ NAME _____ OCCUPATION 	<ol style="list-style-type: none"> 3. _____ STREET _____ CITY, STATE, ZIP 	<ol style="list-style-type: none"> 3. _____ HOME PHONE _____ WORK PHONE

AUTHORIZATION FOR RELEASE OF INFORMATION

As part of the City of Watertown employment process, we may be checking your background relative to job and personal references, criminal record, and social services record. In order to do that, we must have your authorization. The undersigned hereby knowingly and voluntarily authorizes the state department of social services, the Watertown police department and the City of Watertown personnel, to obtain and /or release any and all information regarding the social services, work, credit, DOT mandated drug/alcohol testing applicable, or criminal history of the undersigned applicant for consideration for employment by the City of Watertown. The undersigned further verifies that all information provided on this application including all attachments, documents or certifications submitted herewith are true and correct to the best of my knowledge and belief. The undersigned further knowingly and voluntarily acknowledges that should any investigation authorized hereunder disclose otherwise, my application will be rejected and for five (5) years from the date of submission of this application I may be disqualified from applying for any position under the jurisdiction of the WATERTOWN CIVIL SERVICE BOARD, and I may be removed from the job after appointment.

Date _____

Signature _____