

Applicant Name: _____

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
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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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
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 _____

Applicant Name: _____

IV. Personal References:

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

REV. 7/2020

Applicant Name: _____



Town of Watertown
61 Echo Lake Road
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