



Applicant Name: \_\_\_\_\_

### III. EMPLOYMENT RECORD

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

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

Applicant Name: \_\_\_\_\_

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**