WATERTOWIL CONNECTICUT	TOWN OF WATERTOWN CONNECTICUT employment application	I	
WATERTOWN TOWN HALL	61 Echo Lake Road Watertown, CT 06795	Teleph	one: 860-945-5255
I. GENERAL INFORMATION	watertown, C1 00793	DATE	
Name			
Contact Number:	Email:		_
If applicant is 17 years or less, Please enter	Date of Birth		
Present Address			
(Number)	(Street)		
(City) Permanent Address (if different then above)	(State)		(Zip)
Department or Position Interested in:			
If your Application is considered favorable, I	now much notice would you be	required to give?	
Person to reach in case of emergency: Name	Address		
Business Phone	Home Phone		
Are you able to perform all the essential duti If no, please describe	•		

II. <u>RECORD OF EDUCATION</u>

Sc	hool: Name &Address of School	Course of Study	Years Attended 1 2 3 4 +	Did you Graduate?	List Diploma or Degree
High School					
College					
Other, Specify					
Other, Specify					

Do we have your permission to check your re	cords at the above institution	s? Yes No
Drivers License Number	_Is this a CDL License?	State Issued

III. EMPLOYMENT RECORD

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

ition you are applying for, all sections s	Employment Start Date	Reason for Leaving
Your Duties and Responsibilities	Start Date Mo/Yr	
		Name of Supervisor
	Employment	Reason for Leaving
Your Duties and Responsibilities	Start Date	
	Mo/Yr	
_	Employment	Name of Supervisor
	End Date	
	Mo/Yr	
	Employment	Reason for Leaving
Vour Duties and Decoonsibilities	Start Date	Reason for Leaving
Four Duties and Responsibilities	Mo/Yr	
	Employment	Name of Supervisor
	End Date	
	Mo/Yr	
	Employment	Reason for Leaving
Vour Duties and Desponsibilities	Start Date	Reason for Ecoving
	Mo/Yr	
_	Employment	Name of Supervisor
	Employment End Date	Name of Supervisor
	Employment End Date Mo/Yr	Name of Supervisor
_	End Date	Name of Supervisor
	Your Duties and Responsibilities Your Duties and Responsibilities	Your Duties and Responsibilities Employment Start Date Mo/Yr Employment End Date Mo/Yr Employment Employment Start Date Mo/Yr Your Duties and Responsibilities Employment Start Date Mo/Yr Your Duties and Responsibilities Employment Start Date Mo/Yr Your Duties and Responsibilities Employment Employment Employment End Date Mo/Yr Your Duties and Responsibilities Employment Start Date Mo/Yr Your Duties and Responsibilities Employment Start Date Mo/Yr

Previous Employer Name and Address	Vour Duties and Despensibilities	Employment Start Date	Reason for Leaving
	Your Duties and Responsibilities	Mo/Yr	
Position Held		Employment End Date	Name of Supervisor
rosition neta		Mo/Yr	
		Freelow	
Previous Employer Name and Address	Your Duties and Responsibilities	Employment Start Date	Reason for Leaving
		Mo/Yr	
Position Held		Employment End Date	Name of Supervisor
		Mo/Yr	
Previous Employer		Employment	Reason for Leaving
Name and Address	Your Duties and Responsibilities	Start Date Mo/Yr	
		Employment	Name of Supervisor
Position Held		End Date Mo/Yr	

MILITARY SERVICE RECORD

Were you in the U.S Arme	d Services? Ye	s No	If Yes what Branch?_		
Dates of Duty: From			То		
Rank at discharge:	Month	Year	Month	Year	
List of duties in service, in	ncluding special	Training			

Applicant Name:		
IV. Personal References:		
Name and Occupation	Address	Telephone #
1		
2		
3		
of Watertown?	ninute or qualifications that you feel would espec	
	If yes, on what jobs?	
May we contact the employers listed abo	ove?	
If not, indicate by number which one(s)	that you do not wish us to contact	
If yes, indicate his or her name	d by the Town of Watertown (Including To	

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

REV. 7/2020

Date



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