

TOWN OF WATERTOWN CONNECTICUT

EMPLOYMENT APPLICATION

61 Echo Lake Road Watertown, CT 06795

ake Road	Telephone: 860-945-5255

I. <u>GENERAL INFORMATION</u>	,	DATE _		
Name				
Contact Number:	Email:			_
If applicant is 17 years or less, Plea	se enter Date of Birth			
Present Address				
(Number)	(Street)			
(City) Permanent Address (if different the	(State) n above)			(Zip)
Department or Position Interested in	n:			
If your Application is considered fav	vorable, how much notice would yo	u be required to	give?	
Person to reach in case of emergen Name Business Phone	cy: Address Home Phone	<u> </u>		
Are you able to perform all the esse If no, please describe				
II. RECORD OF EDUCATION				
School: 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 che Drivers License Number	ck your records at the above instituIs this a CDL License?_]

pplicant Name:

III. EMPLOYMENT RECORD

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

		Employment	Reason for Leaving
Current Employer	V 5 " 15 "	Start Date	iveason for Leaving
Name and Address	Your Duties and Responsibilities	Mo/Yr	
		IVIO/ 11	
1			
1			
	_		
		Employment	Name of Supervisor
Position Held		End Date	
Fusition Held		Mo/Yr	
Previous Employer		Employment	Reason for Leaving
Name and Address	Your Duties and Responsibilities	Start Date	
Tunio ana Audi 033	Tour Duties and Responsibilities	Mo/Yr	
1			
	-	Employment	Name of Supervisor
		Employment End Date	Name of Supervisor
Position Held			
	-	Mo/Yr	
Dravious Employer	<u> </u>	Employment	Reason for Leaving
Previous Employer	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Start Date	Reason for Leaving
Name and Address	Your Duties and Responsibilities	Mo/Yr	
	†	WIO/11	
		Employment	Name of Supervisor
Docition Hold		End Date	_
Position Held		Mo/Yr	
Previous Employer		Employment	Reason for Leaving
Name and Address	Your Duties and Responsibilities	Start Date	
	. ca. battes and responsibilities	Mo/Yr	
	+	Employment	Name of Supervisor
		Employment End Date	ivaille of Supervisor
Position Held		Mo/Yr	
	-	IVIO/ 11	
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Applicant Nam	e:

Previous Employer Name and Address	Your Duties and Responsibilities	Employment Start Date Mo/Yr	Reason for Leaving
		WO/TI	
Position Held		Employment End Date Mo/Yr	Name of Supervisor
Previous Employer		Employment	Reason for Leaving
Name and Address	Your Duties and Responsibilities	Start Date Mo/Yr	
Position Held		Employment End Date Mo/Yr	Name of Supervisor
Previous Employer		Employment Start Date	Reason for Leaving
Name and Address	Your Duties and Responsibilities	Mo/Yr	
Position Held		Employment End Date Mo/Yr	Name of Supervisor

MILITARY SERVICE RECOI	RD				
Were you in the U.S Armed	Services? Ye	s No	If Yes what Branch?		
Dates of Duty: From Rank at discharge:	Month	Year	To Month	Year	
List of duties in service, inc	cluding special	Training			

Applicant Name:		
IV. Personal References:		
Name and Occupation	Address	Telephone #
1		
2		
3		
of Watertown?	s or qualifications that you feel would especia	
Have you ever been bonded?	If yes, on what jobs?	
May we contact the employers listed a	above?	
If not, indicate by number which one(s	s) that you do not wish us to contact	
Do you have any relatives now employ of yes, indicate his or her name How related?		n Council Members)?
statements or omissions or misleadin	for employment are true and complete. I undering statements on this application shall be constant to check my references records.	sidered sufficient cause for
REV. 7/2020	Signature of Applicant	Date





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