

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 EMPLOYMENT  
 AN EQUAL OPPORTUNITY EMPLOYER

**Parks, Recreation, Forestry  
 Department**  
 P.O. Box 910  
 Watertown, SD 57201-0910

POSITION \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_

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:				
	Credit Hours		Degree Yes/No	Major Field
Vocational Technical School:				
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: _____ _____ _____	Additional training: _____ _____ _____
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Professional Certificate (if required):	Would you accept temporary or part-time employment? YES ___ NO ___
A. Name: _____ B. License Board: _____ C. License Number: _____ D. Date of expiration: _____	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**

(use additional paper if necessary)

**MOST RECENT POSITION FIRST**

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

**REFERENCES WITH KNOWLEDGE OF YOUR EXPERIENCE AND ABILITY**

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

**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 my name will be removed from the register and for five (5) years from the date of submission of this application I will be disqualified from applying for any position under the jurisdiction of the CITY OF WATERTOWN, and I may be removed from the job after appointment.

Date \_\_\_\_\_

Signature \_\_\_\_\_