

**CITY OF WATERTOWN, SD**  
**APPLICATION FOR SEASONAL EMPLOYMENT**

An Equal Opportunity Employer

Human Resources  
23 – 2<sup>nd</sup> St. NE, P.O. Box 910  
Watertown, SD 57201-0910



**PLEASE READ:** This form is an application for seasonal employment only with the City of Watertown and is not intended as any guarantee of employment or contract of employment with the City. Please complete all parts of this application to the best of your ability. Any false or misleading information provided on this application may be grounds for refusal to hire or termination of employment. All applicants are considered without regard to race, color, religion, national origin, gender, age, disability, marital status, veteran status, sexual orientation, citizenship, political affiliation, or any other characteristic protected by law in all employment decisions.

**A new application must be completed for each position for which you apply; including returning part-time, seasonal or temporary employees. Resumes will not be accepted in lieu of completion of any part of this application.**

**PERSONAL – Please Type or Print**

\_\_\_\_\_  
Last Name                                      First Name                                      Middle Name / Initial

\_\_\_\_\_  
Home /Street Address                      City                                      State                      Zip

Primary phone (w/area code): \_\_\_\_\_ Secondary phone (w/area code): \_\_\_\_\_

Email address: \_\_\_\_\_

Are you legally eligible for employment in this country? YES NO (Proof of eligibility will be required upon employment)

Do you claim Veteran's Preference? YES NO (If yes, attach a copy of DD214 – separation papers)

Provide name & relationship of any relative who works for the City of Watertown

Have you ever been employed by the City of Watertown? If yes, provide position(s) held, dates of employment, and reason(s) for leaving.

List below any violations (including traffic offenses), other than parking tickets, for which you have been convicted of or pled guilty to within the last five years. Provide type of offense, place, date and sentence. **Convictions will not necessarily disqualify you from employment with the City of Watertown. Please be complete. All information is subject to verification. Omitted disclosure, intended or unintended, will disqualify an applicant.**

Complete the following if a valid driver's license is a requirement for the position you are applying for:

Driver's License Information: \_\_\_\_\_  
State                      License #                      Class                      Expiration Date

\_\_\_\_\_  
Commercial Class                      Endorsements

**POSITION – Complete the section below for the position of this application**

**Position Title:** \_\_\_\_\_ **Department:** \_\_\_\_\_  
\_\_\_\_\_ Seasonal (duration of season only) Indicate season: summer \_\_\_\_\_ or winter \_\_\_\_\_  
\_\_\_\_\_ Temporary (position created for a definite period of time only - not to exceed 1040 hrs)

**Minimum hours desired** \_\_\_\_\_ **Available start date** \_\_\_\_\_ **End date** \_\_\_\_\_

**EDUCATION AND TRAINING**

School	Name of School / Issuing Agency – City & State	Did You Graduate/ GED (Yes / No)	Degree Received or Years/Hours Completed	Major & Minor Fields of Study
High School or equivalent				<i>(No need to complete this area of study for high school)</i>
Vocational Technical				
College / University				
Other				

**LICENSE OR CERTIFICATES**

License or Certificate	Issuing State	License or Certificate No.	Expiration Date (if applicable)

**EMPLOYMENT RECORD (Last 7 years)**

**Beginning with your current or most recent employment, provide complete information. Use additional paper if necessary.**

Employer / Company		Address	
Phone	Supervisor	Reason for Leaving	
Dates of Employment From (Mo/Yr)	To (Mo/Yr)	Ending Wage/Salary	May we contact this employer? If NO, please explain
Position Title	List Duties/Responsibilities		
If you had supervisory responsibilities, please indicate how many individuals you supervised: _____ or N/A			

Employer / Company		Address	
Phone	Supervisor	Reason for Leaving	
Dates of Employment From (Mo/Yr)	To (Mo/Yr)	Ending Wage/Salary	
Position Title	List Duties/Responsibilities		
If you had supervisory responsibilities, please indicate how many individuals you supervised: _____ or N/A			

Employer / Company		Address	
Phone	Supervisor	Reason for Leaving	
Dates of Employment From (Mo/Yr)	To (Mo/Yr)	Ending Wage/Salary	
Position Title	List Duties/Responsibilities		
If you had supervisory responsibilities, please indicate how many individuals you supervised: _____ or N/A			

**PROFESSIONAL REFERENCES**

List individuals familiar with your work – **DO NOT include relatives**

Name	Employer / Title	Relationship/How do you know this person?	Years Known	Provide best contact information – email or phone - include area code for phone contact

**Acknowledgement and Authorization**

*Please read each of the following carefully before signing this application:*

**I understand and agree that:**

1. The City has my authorization to thoroughly investigate my work history; including contacting current and former employers. I will hold no person, corporation, or organization liable for giving or receiving information in this investigation.
2. In consideration of employment, I agree to conform to the rules and regulations of the City and I understand that no representative of the City has any authority to enter into any agreement, oral or written, for employment for any specified period of time or to make any agreement or assurances contrary to City policy.
3. The City is an equal opportunity employer. No question on this application is used for the purpose of limiting or excluding any applicant’s consideration for employment on a basis prohibited by local, state, or federal law.
4. As part of the City employment process, the City may conduct a background check to confirm the accuracy of information supplied on this application. By signing this application, I knowingly and voluntarily authorize such investigation upon receiving a conditional offer of employment.
5. I understand that passing pre-employment screenings, including drug and alcohol screening, fitness testing or psychological screening may be a requirement for some positions within the City. I understand that if a conditional offer of employment is given for a position with any of these requirements, a satisfactory completion of such pre-employment testing is considered a pre-requisite for qualifying for employment.
6. I further knowingly and voluntarily acknowledge that should any authorized background investigation produce omitted disclosure, intended or unintended, my application will be rejected and I will be disqualified for a period of five (5) years from the date of such discovery to make application for any position with the City, and I may be removed from the job after appointment.
7. I have read and agree to the above and hereby certify that the information provided in this employment application, including any additional information attached hereto, as well as any supplied during the hiring process, is true and complete. I further acknowledge that this is an application for employment and is not an offer of employment.

**UNSIGNED APPLICATIONS WILL BE DISQUALIFIED.**

Applicant’s Signature:	Date:
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