

# WATERTOWN MUNICIPAL UTILITIES

## APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER



**Note:** This form is intended for use in evaluating your qualifications for employment. It is not an employment contract. Please answer all questions completely and to the best of your ability. False or misleading statements are grounds for refusal or termination of employment. Applicants are considered without regard to race, color, religion, national origin, gender, age, disability, marital status, veteran status, sexual orientation, citizenship, or any other characteristic protected by law in all employment decisions.

**Complete All Questions - Please Print or Type Carefully**

### PERSONAL DATA

Last Name		First Name		Middle Name/Initial	
Home Address (Number, Street, PO Box, Apt/Suite)			City		State ZIP
Home Phone (with area code)		Cell Phone (with area code)		E-mail Address:	
May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you currently authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of eligibility will be required upon employment)	
Is additional information relative to a change of name, use of an assumed name, or nickname necessary to check on your employment record? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, provide name(s) used.					
If you have any relatives who are employed by Watertown Municipal Utilities, please provide their name and your relationship.					
Have you ever applied here previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, when did you apply? What position did you apply for?					
Do you claim veteran's preference? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, attach a copy of DD214 (separation papers)					
It is the policy of Watertown Municipal Utilities that all employees must reside within ten miles of the intersection of Kemp Avenue and Broadway Street and within Codington County. Do you currently reside within this area or are you able to relocate within the first 6 months of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever been employed here previously? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, Starting Date: Ending Date:					
Position(s) Held			Reason for Leaving		

### POSITION APPLIED FOR

Position Desired		What date are you available?		Work Availability <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Summer Only	
How did you find out about the position and/or our organization?			Are you willing to travel? IF YES, any restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If position requires driving, provide the following:	License No.	State Issued	Expiration Date	Class	

### EDUCATION - If diploma/degree received under a different name, please provide:

School	Name of School / Issuing Agency - City & State Where Located	Degree Received	Did you Graduate?	Date Degree Received	Major & Minor Fields of Study
High School or equivalent			N/A	Leave Blank	DO NOT COMPLETE FOR HIGH SCHOOL
College					
College					
Other					

**APPLICANT NAME** \_\_\_\_\_

**EMPLOYMENT HISTORY – List all employment for the past ten (10) years**

<b>PRESENT/LAST EMPLOYER</b>  Is this present employment?  <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, may we contact?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Company Name and Street Address		From (month/year)	To (month/year)
	City & State Where Located	Phone No. (with area code)	Type of Business	Ending Salary
	Position Title	Reason for Leaving		Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of Supervisor	Title of Supervisor	Supervisor's Phone No. (with area code)	
<b>2ND PREVIOUS EMPLOYER</b>	Company Name and Street Address		From (month/year)	To (month/year)
	City & State Where Located	Phone No. (with area code)	Type of Business	Ending Salary
	Position Title	Reason for Leaving		Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of Supervisor	Title of Supervisor	Supervisor's Phone No. (with area code)	
<b>3RD PREVIOUS EMPLOYER</b>	Company Name and Street Address		From (month/year)	To (month/year)
	City & State Where Located	Phone No. (with area code)	Type of Business	Ending Salary
	Position Title	Reason for Leaving		Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of Supervisor	Title of Supervisor	Supervisor's Phone No. (with area code)	
<b>4TH PREVIOUS EMPLOYER</b>	Company Name and Street Address		From (month/year)	To (month/year)
	City & State Where Located	Phone No. (with area code)	Type of Business	Ending Salary
	Position Title	Reason for Leaving		Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of Supervisor	Title of Supervisor	Supervisor's Phone No. (with area code)	
<b>5TH PREVIOUS EMPLOYER</b>	Company Name and Street Address		From (month/year)	To (month/year)
	City & State Where Located	Phone No. (with area code)	Type of Business	Ending Salary
	Position Title	Reason for Leaving		Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of Supervisor	Title of Supervisor	Supervisor's Phone No. (with area code)	

If needed, use another sheet for additional employment.

**PROFESSIONAL AND / OR ADDITIONAL QUALIFICATIONS**

Provide professional memberships, certificates, or licenses held relevant to your ability to perform the job (exclude those indicating race, color, religion, sex, sexual orientation, national origin, physical or mental disability, or labor organization affiliations.)

License: \_\_\_\_\_ Issuing State: \_\_\_\_\_ License/Certification No.: \_\_\_\_\_

Has professional license ever been revoked or suspended?  Yes  No

If YES, state reason(s), date of revocation/suspension and date of reinstatement.

List additional relevant skills or abilities:

**PROFESSIONAL REFERENCES** List individuals familiar with your work - do not include relatives.

Name	Employer / Title	Relationship	Years Known	Contact Information (include area code)
				Daytime Phone: E-mail:
				Daytime Phone: E-mail:
				Daytime Phone: E-mail:

**CRIMINAL HISTORY**

**Have you ever been convicted of a crime or violation other than a minor traffic infraction?**

Conviction of a crime is not an absolute disqualification for employment. Factors such as the type and seriousness of the offense, frequency of violations, applicant’s age at the time of the conviction and the date of conviction or time elapsed since the conviction or completion of any sentence in addition to other job-related criteria are considered in all employment decisions.

Yes  No If yes, please explain below the circumstances surrounding such offense, including place, date, court, etc.

**DRUG-FREE WORKPLACE ACT COMPLIANCE:** Watertown Municipal Utilities complies with the Drug-Free Workplace Act. As a condition of your employment, you will be asked to participate in drug screening. If you refuse such screening or test positive (evidence of drug usage) you will not be offered employment or such offer will be withdrawn.

**AMERICANS WITH DISABILITIES ACT COMPLIANCE:** Watertown Municipal Utilities fully subscribes to the provisions of the Americans With Disabilities Act will attempt in its employment process to make any reasonable accommodations necessary to assist qualified persons with disabilities.

I certify that I have read and understand the “Note” on Page 1 of this application and that the information furnished herein and during the application process is true, complete, and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts will result in refusal to hire or, if hired, will result in my dismissal at any time regardless of when false answers or omissions are discovered. I understand that Watertown Municipal Utilities may share the information contained in this application with other WMU employees for employment and administrative purposes and hereby consent to such transfer. I hereby authorize Watertown Municipal Utilities to conduct any necessary investigation regarding my background as it relates to the position I am seeking and to the extent permitted by federal, state, and local law and will complete the requisite authorization forms for the background investigation. I agree to submit to legally permissible pre-employment testing upon request by Watertown Municipal Utilities and recognize that the results of these tests may be used to determine my employment or continued employment. I recognize that this employment application is not an offer of employment.

In consideration of employment, I agree to conform to the rules and regulations of Watertown Municipal Utilities and I understand that no representative of Watertown Municipal Utilities 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 Watertown Municipal Utilities’ policy.

<b>APPLICANT’S SIGNATURE</b>	<b>DATE</b>	<b>SUBMIT FORM</b>
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**TO SUBMIT: Email cover letter, resume and completed application via submit button or to [hr@watertownmu.com](mailto:hr@watertownmu.com)**