



City of Watertown, Municipal Civil Service  
 245 Washington Street, Room 205  
 Watertown, NY 13601  
 (315) 785-7733  
**APPLICATION FOR TEMPORARY EMPLOYMENT**

Civil Service use- approved titles only.

\_\_\_\_\_  
 Title of Position

**Answer all questions fully. Attach additional sheets and documents if needed** to give complete information. An incomplete application may result in disapproval. **A RESUME WILL NOT BE ACCEPTED AS A SUBSTITUTE.**

PLEASE PRINT OR TYPE

1. Social Security Number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

2. Legal Name:

Last Name	First Name	M.I.
Mailing Address (Can be PO Box #)		
City/State/Zip		
Phone Number (include area code)		
Home: _____		Other: _____
Circle: work or cell		
<b>LEGAL ADDRESS</b> (if different from mailing address)		
Number/ Street/ City/ State/ Zip		
Email Address (Print Clearly)		

**7. Check appropriate box:**

A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? Yes  No

B. Did you ever resign from any employment rather than face dismissal? Yes  No

C. Did you ever receive a discharge from the Armed Forces of the United States which was less than "Honorable"? Yes  No

D. Have you ever been convicted of any crime (felony or misdemeanor)? Yes  No

E. Have you ever forfeited a bail bond posted to answer any criminal charge (felony, misdemeanor or violation including traffic infractions)? Yes  No

F. Are you now under charges for any crime (felony, misdemeanor or violation including traffic infractions)? Yes  No

G. Have you ever violated probation or parole pursuant to judgment of a court? Yes  No

**If you answered "YES" to any of the questions 7 A-G above, you must give specifics. (Attach additional page)** If such explanation is insufficient, a confidential investigation supplement will be sent to you. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position(s) for which you are applying.

3. Are you a citizen of the United States? Yes  No   
 If no, do you have the legal right to accept employment in the United States? Yes  No   
 (Non-citizens may be required to produce I-151 or I-551 Alien Registration Cards.)

8. **Driver's License #** \_\_\_\_\_  
 State of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Class: \_\_\_\_\_

4. Are you at least 18 years of age: Yes  No   
**UNDER 18 MUST SUBMIT A WORK PERMIT.**

9. **License and/or Certification:**  
 Is this certification permanent? Yes  No

Skill, Trade or Profession: \_\_\_\_\_  
 License/Certificate#: \_\_\_\_\_  
 Name of Issuing Agency: \_\_\_\_\_  
 Valid From: \_\_\_\_\_ To: \_\_\_\_\_

5. **Education:** Do you have a High School Diploma?  
 Yes  If yes, name of school: \_\_\_\_\_  
 Year graduated: \_\_\_\_\_  
 No  If no, anticipated date of graduation: \_\_\_\_\_  
 If you have received a GED:  
 Issuing Authority: \_\_\_\_\_  
 Date of Issue: \_\_\_\_\_

6. **Education Above High School:**  
 Name of School: \_\_\_\_\_  
 Location (City/ State): \_\_\_\_\_  
 Course or Major: \_\_\_\_\_  
 Degree Received: AAS BS/BA MA (Circle One)

**FOR CIVIL SERVICE USE ONLY**

DATE RECEIVED

<input type="checkbox"/> Approved <input type="checkbox"/> Conditional <input type="checkbox"/> Disapproved Reason: _____ Received by: _____
--

**Work Experience:**

Beginning with the most recent, describe below in detail ALL employment that is pertinent to the position applied for. **The number of years required in the minimum qualifications is based upon full-time paid employment.** You are responsible for submitting an accurate, adequate and clear description of your experience. You may attach additional sheets.

Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Hours/Week: \_\_\_\_\_  
(Month/Year) (Month/Year)

Employer's Name: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Employer's Address & Phone: \_\_\_\_\_

Duties: \_\_\_\_\_

Full Time  Part Time  Volunteer  Reason for leaving: \_\_\_\_\_

Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Hours/Week: \_\_\_\_\_  
(Month/Year) (Month/Year)

Employer's Name: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Employer's Address & Phone: \_\_\_\_\_

Duties: \_\_\_\_\_

Full Time  Part Time  Volunteer  Reason for leaving: \_\_\_\_\_

Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Hours/Week: \_\_\_\_\_  
(Month/Year) (Month/Year)

Employer's Name: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Employer's Address & Phone: \_\_\_\_\_

Duties: \_\_\_\_\_

Full Time  Part Time  Volunteer  Reason for leaving: \_\_\_\_\_

**FAILURE TO SIGN APPLICATION WILL RESULT IN DISAPPROVAL**

**CONSTITUTIONAL OATH**

(Signing the constitutional oath is required)

I do hereby pledge and declare that I will support the Constitution of the United States and the Constitution of the State of New York, and I will faithfully discharge the duties of the position specified on this application according to the best of my ability.

SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_

**ALL STATEMENTS ARE SUBJECT TO VERIFICATION. IT IS A CRIME, PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW, TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN. MIS- REPRESENTATIONS MAY CONSTITUTE CAUSE FOR DISQUALIFICATION OR SUBSEQUENT DISCHARGE FROM EMPLOYMENT.**

**THIS DECLARATION MUST BE COMPLETED:** I declare, subject to the penalties of law, that the statements made in this application (including any accompanying papers) are true and complete to the best of my knowledge. I authorize the City of Watertown to contact school/college and former employers cited in this application or attachments in order to verify work record and/or educational credentials. I further authorize the City of Watertown to obtain my NYS driver's abstract via the License Event Notification System if possession of a driver's license is a qualification for my position I understand that acceptance of this application by the City of Watertown does not constitute or imply a commitment or willingness to offer employment to me in this or any other position.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Indicate any other surnames (last name) by which you are or have been known.