

APPLICATION FOR EMPLOYMENT

**CITY OF WATERTOWN
309 LEWIS AVENUE SOUTH
WATERTOWN, MN 55388
(952) 955-2681
(952) 955-2695 (fax)**

(PLEASE PRINT OR TYPE INFORMATION)

POSITION APPLIED FOR _____ DATE _____

NAME: LAST, FIRST MIDDLE _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

TELEPHONE NUMBER(S) _____

E-MAIL ADDRESS _____

REFERRAL SOURCE (PLEASE CHECK THE APPROPRIATE CATEGORY AND NAME THE SOURCE.)

___ WALK-IN _____ SCHOOL _____

___ EMPLOYEE _____ JOB FAIR _____

___ ADVERTISEMENT _____ STAFFING AGENCY _____

___ CITY WEBSITE _____ GOVERNMENT EMPLOYMENT AGENCY _____

___ OTHER WEBSITE _____ OTHER _____

IF NECESSARY, BEST TIME TO CALL YOU AT HOME IS: _____ AM PM

MAY WE CONTACT YOU AT WORK? YES _____ NO _____

IF YES, WORK NUMBER AND BEST TIME TO CALL: _____ AM PM

ARE YOU CURRENTLY EMPLOYED? YES _____ NO _____

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES _____ NO _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUTES? (PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT.) YES _____ NO _____

ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? _____

ARE YOU CURRENTLY ON LAY-OFF STATUS AND SUBJECT TO RECALL? YES _____ NO _____

IF THEY HAVE BEEN EXPLAINED TO YOU, ARE YOU ABLE TO MEET THE ATTENDANCE REQUIREMENTS OF THE POSITION? N/A _____ YES _____ NO _____

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING (WITH OR WITHOUT REASONABLE ACCOMMODATION)? THIS QUESTION IS NOT DESIGNED TO ELICIT INFORMATION ABOUT AN APPLICANT'S DISABILITY. PLEASE DO NOT PROVIDE INFORMATION ABOUT THE EXISTENCE OF A DISABILITY, PARTICULAR ACCOMMODATION, OR WHETHER ACCOMMODATION IS NECESSARY. THESE ISSUES MAY BE ADDRESSED AT A LATER STAGE TO THE EXTENT PERMITTED BY LAW.

___ YES ___ NO ___ NEED MORE INFORMATION ABOUT THE JOB'S "ESSENTIAL FUNCTIONS" TO RESPOND

EDUCATION

	Elementary School					High School				Undergraduate College/University				Graduate/ Professional			
School Name & Location																	
YEARS COMPLETED	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD. YOU MAY EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, ANCESTRY, HANDICAP OR OTHER PROTECTED STATUS.

REFERENCES (GIVE NAME, ADDRESS, AND TELEPHONE NUMBER OF THREE REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS).

1. _____

2. _____

3. _____

IF YOU HAVE SERVED IN THE UNITED STATES MILITARY, PLEASE INDICATE WHICH BRANCH, DATES SERVED, TYPE OF DISCHARGE AND DATE OF DISCHARGE. ALSO, PLEASE DESCRIBE YOUR DUTIES AND TRAINING:

DO YOU QUALIFY FOR VETERAN-S PREFERENCE POINTS? IF YES, PLEASE PROVIDE COPY OF FORM 214.

SPECIAL SKILLS AND QUALIFICATIONS. SUMMARIZE SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE.

EMPLOYMENT EXPERIENCE

Employer		Length of Service		Work Performed
Address				
Telephone Number(s)		Hourly Rate/Salary Starting Final		
Job Title	Supervisor			
Reason For Leaving				

Employer		Length of Service		Work Performed
Address				
Telephone Number(s)		Hourly Rate/Salary Starting Final		
Job Title	Supervisor			
Reason For Leaving				

Employer		Length of Service		Work Performed
Address				
Telephone Number(s)		Hourly Rate/Salary Starting Final		
Job Title	Supervisor			
Reason For Leaving				

Employer		Length of Service		Work Performed
Address				
Telephone Number(s)		Hourly Rate/Salary Starting Final		
Job Title	Supervisor			
Reason For Leaving				

(If you need additional space, please continue on a separate sheet of paper.)

APPLICANT'S STATEMENT

BY MY SIGNATURE BELOW, I PROMISE THAT THE INFORMATION PROVIDED IN THIS EMPLOYMENT APPLICATION AND DURING ANY INTERVIEW (AND ACCOMPANYING RESUME OR DOCUMENTATION, IF ANY) IS TRUE AND COMPLETE, AND I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION OR SIGNIFICANT OMISSIONS MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT, AND MAY LEAD TO MY DISMISSAL FROM EMPLOYMENT, IF DISCOVERED AT A LATER DATE. I AGREE TO IMMEDIATELY NOTIFY THE CITY OF WATERTOWN IF I SHOULD BE CONVICTED OF A FELONY, OR OF ANY CRIME INVOLVING DISHONESTY, BREACH OF TRUST, CONTROLLED SUBSTANCES, OR SEXUAL MISCONDUCT WHILE MY JOB APPLICATION IS PENDING, OR DURING MY PERIOD OF EMPLOYMENT, IF HIRED.

I UNDERSTAND THAT THIS APPLICATION SHALL BE CONSIDERED ONLY FOR THE POSITION(S) LISTED ON THE FIRST PAGE OF THE APPLICATION AND CURRENTLY AVAILABLE AS OF THE DATE OF THIS APPLICATION.

I UNDERSTAND THAT THIS APPLICATION REMAINS CURRENT FOR ONLY 30 DAYS. AT THE CONCLUSION OF THAT TIME, IF I HAVE NOT HEARD FROM THE EMPLOYER AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY FOR ME TO REAPPLY AND FILL OUT A NEW APPLICATION.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL AUTHORIZATION TO WORK IN THE UNITED STATES AND THAT FEDERAL IMMIGRATION LAWS REQUIRE ME TO COMPLETE AN I-9 FORM IN THIS REGARD.

I AUTHORIZE ANY PERSON, SCHOOL, CURRENT EMPLOYER, PAST EMPLOYER(S), AND ORGANIZATIONS NAMED IN THIS APPLICATION (AND ACCOMPANYING RESUME, IF ANY) TO PROVIDE THE CITY OF WATERTOWN WITH ANY INFORMATION AND OPINION REQUESTED BY THE CITY OF WATERTOWN IN CONNECTION WITH ANY APPLICATION, AND I RELEASE SUCH PERSONS AND ORGANIZATIONS FROM ANY LEGAL LIABILITY IN MAKING SUCH STATEMENTS.

THE CITY OF WATERTOWN IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER AND WILL NOT DISCRIMINATE AGAINST ANY APPLICANT OR EMPLOYEE ON ANY GROUNDS PROTECTED UNDER FEDERAL, STATE, OR LOCAL LAW, INCLUDING RACE, COLOR, CREED, RELIGION, AGE, SEX, SEXUAL ORIENTATION, NATIONAL ORIGIN, ANCESTRY, MARITAL STATUS, DISABILITY, DISABILITY RELATED TO PREGNANCY OR CHILDBIRTH, MEMBERSHIP OR ACTIVITY IN ANY LOCAL COMMISSION, STATUS REGARDING PUBLIC ASSISTANCE, MEMBERSHIP OR NON-MEMBERSHIP IN ANY LABOR ORGANIZATION, OR ANY OTHER CHARACTERISTIC PROTECTED UNDER FEDERAL, STATE OR LOCAL LAW. NONE OF THE QUESTIONS IN THIS APPLICATION ARE INTENDED TO ELICIT INFORMATION REGARDING ANY PROTECTED CHARACTERISTICS, NOR IMPLY ANY LIMITATION, ILLEGAL PREFERENCES, OR DISCRIMINATION BASED UPON NON-JOB-RELATED INFORMATION OR PROTECTED CHARACTERISTICS.

THE CITY OF WATERTOWN LIKEWISE DOES NOT TOLERATE HARASSMENT BASED ON SEX, RACE, COLOR, RELIGION, NATIONAL ORIGIN, CITIZENSHIP, AGE, DISABILITY, OR ANY OTHER PROTECTED STATUS. EXAMPLES OF PROHIBITED HARASSMENT INCLUDE, BUT ARE NOT LIMITED TO, UNWELCOME PHYSICAL CONTACT, OFFENSIVE GESTURES, UNWELCOME COMMENTS, JOKES, EPITHETS, THREATS, INSULTS, NAME CALLING, NEGATIVE STEREOTYPING, POSSESSION OR DISPLAY OF DEROGATORY PICTURES OR OTHER GRAPHIC MATERIALS, AND ANY OTHER WORDS OR CONDUCT THAT Demean, STIGMATIZE, INTIMIDATE, OR SINGLE OUT A PERSON BECAUSE OF HIS/HER MEMBERSHIP IN A PROTECTED CATEGORY. HARASSMENT OF OUR EMPLOYEES IS STRICTLY PROHIBITED, WHETHER IT IS COMMITTED BY A MANAGER, COWORKER, SUBORDINATE, OR NON-EMPLOYEE (SUCH AS A VENDOR OR CUSTOMER). THE CITY OF WATERTOWN TAKES ALL COMPLAINTS OF HARASSMENT SERIOUSLY AND ALL COMPLAINTS WILL BE INVESTIGATED PROMPTLY AND THOROUGHLY.

I UNDERSTAND THAT THIS APPLICATION DOES NOT CREATE A CONTRACT OF EMPLOYMENT. I UNDERSTAND THAT, IF HIRED, I AM OBLIGED TO COMPLY WITH ANY AND ALL CURRENT AND SUBSEQUENTLY ADOPTED CITY OF WATERTOWN POLICIES, INCLUDING PHYSICAL EXAMINATION AND DRUG AND ALCOHOL TEST.

I DO NOT KNOW OF ANY REASON WHY I WOULD NOT BE ABLE TO PERFORM THE DUTIES AND TASKS OF THIS POSITION AS OUTLINED IN THE JOB DESCRIPTION.

I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND AND ACCEPT ALL TERMS OF THIS APPLICATION STATEMENT.

Signature of Applicant

Date

CITY OF WATERTOWN
APPLICANT FLOW SURVEY

All applicants for a position with the City of Watertown are requested to complete this form. Completion is voluntary and this form will not be filed with your application. It will be used by the City to compile summary data for the purpose of completing necessary government reports relative to affirmative action and equal opportunity and for the City's use in monitoring its recruitment process. This form may be returned under separate cover.

Title of Position: _____ Date: _____

City, County, and State of Residence:

City County State

Age Group: ___ 18-25 ___ 26-39 ___ 40 & Over

Gender: ___ Male ___ Female

What Race/Ethnic Group Do You Consider Yourself?

___ Caucasian ___ African American ___ Asian American
___ Hispanic ___ Native American ___ Other

How Did You Learn About This Job?

___ Private Employment Agency Name _____
___ Public Employment Agency Name _____
___ StarTribune
___ The Laker
___ Lakeshore weekly
___ LMC Bulletin
___ Other Local Newspaper Name _____
___ College/Technical School Name _____
___ High School Name _____
___ Walk-In
___ City Employee Name _____
___ Minority Group Referral Name _____
___ Other Source, Be Specific Name _____

Do You Have A Disability?

___ No ___ Yes - Epilepsy
___ Yes - Blindness ___ Yes - Paralysis
___ Yes - Deafness ___ Yes - Alcoholism
___ Yes - Diabetes ___ Yes - Mental
___ Yes - Other _____

NOTE: UPON RECEIPT BY THE CITY, THIS FORM WILL BE IMMEDIATELY DETACHED FROM THE REST OF THE JOB APPLICATION AND KEPT IN A CONFIDENTIAL FILE SEPARATE FROM YOUR APPLICATION.

Veterans Preference Points Application

Thank you for your interest and applying with the City of Watertown. As part of your application, this form must be completed and received by the city office along with your resume and application. If you have any questions about veterans preference, please call the city office at (952) 955-2681.

Description

An honorably discharged veteran who has met certain service requirements is eligible for preference points to recognize the training and experience they received in the military. Non-disabled veterans who meet the minimum qualifications for the job are awarded five points on the 100 point hiring scale and disabled veterans are awarded ten points. Also, the spouse of a deceased veteran, or the spouse of a disabled veteran who because of the disability is unable to qualify is entitled to the same preference. For the points to be awarded, however, the veteran must give the city a copy of his or her discharge papers, usually a DD214 and request the preference points. At this time the city is asking that you formally request veterans preference points if you are eligible. At this time documentation is not requested, documentation of your eligibility may be required at a later date.

All applicants please check the appropriate box.

_____ No, I am not a veteran – nor is my spouse a deceased or disabled veteran.

_____ Yes, I am a veteran

_____ I am a disabled veteran

Or

_____ I am not a disabled veteran

_____ I am not a veteran – my spouse is a deceased or disabled veteran

Complete this section only if you or your spouse is a qualified veteran.

If you are qualified to receive veterans preference points because either you or your spouse is a qualified veteran, do you wish to receive the veteran preference points available to you? Please check one box:

_____ (yes) _____ (no)

Please print your name and address _____

Signature of Applicant

Date

WATERTOWN FIRE DEPARTMENT

Position Description

1. PRINCIPLE RESPONSIBILITIES:

Responds to fire alarms and other emergency calls, extinguishes or controls fires as a member of a team under the supervision of an officer.

TASKS:

- A. Selects, drags, lifts and carries hose and nozzle depending on type of fire and correctly applies a stream of water or chemicals onto fire.
- B. Positions and climbs ladders to gain access to upper levels of buildings and assists individuals from burning structures.
- C. Creates openings in buildings for ventilation or entrance, using ax, chisel, crowbar, power saw or other power equipment.
- D. Protects property from water and smoke by use of positive pressure ventilation, waterproof salvage covers, smoke ejectors and deodorants.
- E. Administers first aid and CPR to injured persons and those overcome by fire and smoke.
- F. Communicates with superior during fire, using portable two-way radio.
- G. Wears appropriate protective clothing and equipment to include self-contained breathing apparatus (SCBA) depending on potential hazard exposure.

2. PRINCIPLE RESPONSIBILITIES:

Conducts fire prevention inspections and pre-fire planning of commercial buildings as part of a team under the supervision of an officer.

TASKS:

- A. Inspects buildings for fire hazards and compliance with fire prevention ordinances.
- B. Issues inspection forms to building owners/occupants listing fire code violations to be corrected.
- C. Participates in pre-fire planning of target hazards within the jurisdiction.

3. PRINCIPLE RESPONSIBILITIES:

Maintains fire apparatus and equipment as part of a team under the supervision of an officer.

TASKS:

- A. Performs assigned duties in maintaining apparatus, quarters, buildings, equipment, grounds and hydrants.
- B. Conducts annual hose testing in accordance with NFPA Standard 1962.

4. PRINCIPLE RESPONSIBILITIES:

Attends regular and assigned training sessions to maintain and upgrade fire fighting skills.

TASKS:

- A. Actively participates in drills, demonstrations and courses in hydraulics, pump operation and maintenance and fire fighting techniques.

5. PRINCIPLE RESPONSIBILITIES:

Performs as driver/operator of fire apparatus under supervision of a fire officer.

TASKS:

- A. Drives and operates fire fighting vehicles and equipment.
- B. Maintains vehicle and equipment in safe operational condition according to manufacturer's instructions.

6. PRINCIPLE RESPONSIBILITIES:

Responds to emergency medical calls to provide efficient and immediate care to the critically ill and injured at the U.S. Dept. of Transportation First Responder Level under the supervision of a fire officer.

TASKS:

- A. When victims need extrication from entrapment, the fire fighter assesses the extent of injury and gives emergency care and protection to the entrapped patient and uses the prescribed techniques and appliances for removing the victim safely.
- B. Determines the nature and extent of illness and injury and establishes priority for required emergency care.

Nature and Scope

(relationships; knowledge, skills and abilities; problem solving and creativity; and freedom to act)

RELATIONSHIPS: Must be able to work as a team member under stress caused by emergencies, danger or criticism and must be able to work fast while concentrating very hard.

KNOWLEDGE, SKILLS AND ABILITIES:

Mathematical Development (GED Level 2): Must be able to multiply, divide, use fractions and read graphs.
Language Development (GED Level 3): Must be capable of reading fire protection textbooks, write reports with proper grammar and speak correctly in public. Knows English grammar and vocabulary of over 5,000 words; can understand and communicate using non-technical written or spoken English. A high school diploma or the equivalent is desirable. Post secondary or technical college courses in fire fighting are desirable.

PROBLEM SOLVING:

Reasoning Development (GED Level 4): Must be able to interpret instructions and use logic to solve concrete problems.

PHYSICAL REQUIREMENTS:

Vision: Normal vision needed with or without correction. Requires both near and far acuity.

Hearing: Normal hearing needed. To do this work the fire fighter must discriminate among similar sounds in environments with a great deal of background noise.

Lifting Needed: The fire fighter may be required to lift 100 pounds or more.

Walking and/or Mobility Needed: Must be able to walk or crawl while carrying or lifting. Must be able to ascend and descend stairs or ladders. Must be able to balance and have ability to steady oneself and keep from falling. Must be capable of reaching (extend the hands or arms in any direction); handling (seizing, holding, grasping, turning or otherwise working with the hands); fingering (picking, pinching or otherwise working with the fingers); and feeling (perceiving attributes of objects such as size, temperature or texture by means of receptors in skin, particularly those of the fingertips). Must be capable of applying a leg lock with either leg upon a ground ladder to provide a safe anchor when operating hoses lines or performing rescue work.

WORK ENVIRONMENT: The fire fighter works both inside where there may be protection from weather conditions and outside where there may not be effective protection from the weather. The fire fighter may work in extreme cold where the temperature is sufficiently low to cause a marked bodily discomfort and variations in temperature which accompany extreme cold and are sufficiently marked and abrupt to cause a marked bodily reaction. They also may be required to work in extremes of heat where temperatures are sufficiently high to cause marked bodily reaction. The fire fighter will encounter wet conditions and high humidity where atmospheric conditions have a moisture content sufficiently high to cause marked bodily discomfort. The fire fighter will frequently encounter noise and/or vibration exceeding 80 decibels, constant or intermittent, to cause marked distraction or possible hearing loss. The fire fighter will also encounter a variety of physical hazards such as proximity to moving mechanical parts, electrical shock, working on high places, exposure to burns and radiant energy and exposure to explosives, toxic chemicals and biological agents.