



**Work Experience:**

**Listing your most recent job first**, please describe all duties performed for all positions held. To receive credit for a job, you must complete all information requested, including job title, employer and supervisor's name and address, duties, specific dates (month/year) and hours per week. You may also attach additional sheets as necessary, but please be sure to include all information as requested on this form. **A RESUME WILL NOT BE ACCEPTED AS A SUBSTITUTE. Incomplete applications will be returned.**

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

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

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

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

Earnings: \$ \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**Work Experience: (Continued)**

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

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

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

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

Earnings: \$ \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**Work Experience: (Continued)**

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

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

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

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

Earnings: \$ \_\_\_\_\_ 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 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.