Town & Village of Waterbury
Employment Application

***Resume required for all full time positions*

Print clearly

Last Name_____ First Name_____

Address_____
Street/PO City State Zip

Telephone _____Cell Phone _____Email _____

Date of Birth_____ Female ( ) Male ( )
MM/DD/YYYY

Incase of emergency, please notify _____
Name Relationship

Address_____
Street/PO City State Zip Telephone#

Job(s) Applied for_____

Special training (licenses etc.)_____

Highest education grade completed_____ Military Service Yes ( ) No ( )

Have you ever been convicted of any crimes – Yes ( ) No ( )

If yes, what and when_____

EMPLOYMENT HISTORY

DATES FROM TO	FIRM	POSITION	DUTIES	PAY	REASON FOR LEAVING

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SUPERVISOR USE

Title_____

Rate of Pay_____ per hour

Start Date_____

( ) W-4 Employees Withholding Certificate
( ) I -9 Employment Eligibility Verification
( ) HC-2 Declaration of Health Care Coverage
( ) Direct Deposit Authorization
( ) Background Check Completed

***This Application and necessary forms MUST be completed and turned into the office BEFORE they begin work**

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FOR OFFICE USE

Employee #_____ Expense Acct _____
Dept Code _____ Worker Comp Code_____ FICA/MEDI _____

Updated 10/27/11