



**EDUCATION AND TRAINING**

List any specialized training that you have received that relates to a Police Dispatcher position. These may be seminars, classes or workshops at a college, technical school or other institution or given by your employer.

Class/ Program

Institution

Dates

Number of Hours

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OPEN RECORDS/PUBLIC INFORMATION**

The City sometimes receives requests under the Wisconsin Public Records Law for the identity of job applicants and copies of the job applications. However, except for those applicants who are final candidates for positions, the City is prohibited from releasing the identity of applicants who have indicated in writing that they do not wish their identity to be revealed.

If you do not wish us to reveal your identity, please check the following box:

There may be a possibility of employment with other organizations. If so, may we refer your name? Yes  No

Give the titles and dates of all City examinations you have taken within the last six months (if none, print "NONE"):

If you are CURRENTLY  or were PREVIOUSLY  employed by the City of Milwaukee, list the following:

Position Title \_\_\_\_\_ Employee ID# \_\_\_\_\_

Department \_\_\_\_\_ From (month/yr) to (month/yr) \_\_\_\_\_

READ CAREFULLY BEFORE SIGNING -- I certify that all answers to questions on this application are true and complete. I understand that falsification of this application may result in disqualification or removal from a City position. I understand that a City Charter Ordinance requires City employees to live in the City. I authorize the City to make any inquiries about and receive any information about my suitability for employment. I give permission to persons contacted to provide such information. Such inquiries may include, but are not limited to the quality and quantity of my work, work record, qualifications, education and criminal records as defined above. NOTE: Convictions are not an automatic bar to employment but are reviewed in relation to the job for which you applied. I forever waive, release and covenant not to sue any person or organization as a result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality. A copy of this authorization shall be effective as the original.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

### EMPLOYMENT HISTORY

Begin with current or most recent employment and work back. Account for all time during the past ten years, including periods of unemployment. Treat each change of job title as a new entry. IN ADDITION, LIST ANY OTHER PAID OR UNPAID WORK EXPERIENCE THAT MAY QUALIFY YOU FOR A POSITION. ATTACH ADDITIONAL PAGES IF NECESSARY.

Employer	From (month/year): _____ To (month/year): _____
Address	Salary/Wage: \$_____ per _____
Your Title	<input type="checkbox"/> Part time <input type="checkbox"/> Full time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Describe your job responsibilities: _____ _____ _____ _____ _____	
Employer	From (month/year): _____ To (month/year): _____
Address	Salary/Wage: \$_____ per _____
Your Title	<input type="checkbox"/> Part time <input type="checkbox"/> Full time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Describe your job responsibilities: _____ _____ _____ _____ _____	

Employer	From (month/year): _____ To (month/year): _____
Address	Salary/Wage: \$_____ per _____
Your Title	<input type="checkbox"/> Part time <input type="checkbox"/> Full time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving:

Describe your job responsibilities:

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Employer	From (month/year): _____ To (month/year): _____
Address	Salary/Wage: \$_____ per _____
Your Title	<input type="checkbox"/> Part time <input type="checkbox"/> Full time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving:

Describe your job responsibilities:

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Employer	From (month/year): _____ To (month/year): _____
Address	Salary/Wage: \$_____ per _____
Your Title	<input type="checkbox"/> Part time <input type="checkbox"/> Full time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Describe your job responsibilities: _____ _____ _____ _____ _____	

**These additional questions are considered part of your application, just like your educational background and work history. Please indicate the extent of your experience in the following areas and with what organizations.**

1. Fire, police or ambulance dispatching or protective service dispatcher experience:

**Job Title:** \_\_\_\_\_

**Length of experience:** \_\_\_\_\_

**Companies where the experience was gained:** \_\_\_\_\_

2. Please describe in detail the dates, length and extent of any **complex public contact or telephone work** that involved handling multiple tasks at the same time, and the employer(s) where this experience was gained. Describe exactly what you did, volume of calls or customers, other tasks you simultaneously performed, etc.:

**Job Title:** \_\_\_\_\_

**Length of experience:** \_\_\_\_\_

**Companies where the experience was gained:** \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**Volume of calls or customers:** \_\_\_\_\_

**Tasks simultaneously performed:** \_\_\_\_\_  
\_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Length of experience:** \_\_\_\_\_

**Companies where the experience was gained:** \_\_\_\_\_

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

**Volume of calls or customers:** \_\_\_\_\_

**Tasks simultaneously performed:** \_\_\_\_\_  
\_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Length of experience:** \_\_\_\_\_

**Companies where the experience was gained:** \_\_\_\_\_

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

**Volume of calls or customers:** \_\_\_\_\_

**Tasks simultaneously performed:** \_\_\_\_\_  
\_\_\_\_\_

**TESTING ACCOMMODATIONS**

In accordance with State and Federal laws, the City of Milwaukee is committed to ensure non-discrimination in employment of qualified individuals with disabilities. Under the Americans with Disabilities Act, an individual with a disability is defined as one who: has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment. "Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. The following information will be treated confidentially and used only to provide testing accommodations. Requests for testing accommodations must be made prior to the test administration so that arrangements can be made.

Will you require any special accommodations during the examination process? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what kind of accommodations will you need? \_\_\_\_\_  
\_\_\_\_\_

The City of Milwaukee reserves the right to request medical documentation to support the need for this accommodation.

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

Provisions of test accommodations may be granted by the Fire and Police Commission only after review and evaluation on a case by case basis. Factors considered will include the nature of the examination and the knowledge, skills and abilities required for the job.

In accordance with the Immigration Reform and Control Act of 1986, the City will employ only persons legally authorized to work in the United States. Employment, if offered, is conditional upon the individual's ability to establish verification of identity and authorization to work within three business days of commencement of employment.

**The City requires pre-employment drug testing.**

*THE CITY OF MILWAUKEE IS AN EQUAL OPPORTUNITY EMPLOYER THAT VALUES AND ENCOURAGES DIVERSITY.*

