

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:

Are you legally authorized to work permanently for any employer within the United States? Yes No

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) _____

If you have ever been convicted of a felony or misdemeanor, or have felony or misdemeanor charges pending, list details below.

If you have NEVER been convicted of a felony or misdemeanor, and have no felony or misdemeanor charges pending, please write NO.

YOU MUST PROVIDE YOUR BIRTHDATE ON PAGE 7 OF THIS APPLICATION. YOUR BIRTHDATE WILL BE USED FOR CONVICTION VERIFICATION ONLY. In the field below list your CHARGE, DATE, LOCATION, COURT and DISPOSITION OF CASE.

CHARGE	DATE	LOCATION	COURT	DISPOSITION OF CASE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NOTE: Convictions are not an automatic bar to employment but are reviewed in relation to the job for which you applied. Felony and misdemeanor convictions not reported on the application may be cause for rejection or discharge.

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 also understand that covered employees are compensated for overtime work in accordance with the Fair Labor Standards Act. Individuals should discuss overtime pay practices with the appointing authority prior to accepting employment with 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. I forever waive, release and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality, and I will not request copies of such information. A copy of this authorization shall be effective as the original.

SIGNATURE _____

DATE _____

RELATED WORK EXPERIENCE

List below all of your experience and youth activities. Include experience in feeding, toileting and bathing handicapped individuals. Begin with your most recent experience and work back. DO NOT list periods of unemployment. Experience driving a school bus or transporting handicapped individuals is not considered to be qualifying experience. *Leaving blank dates of employment or number of hours worked will result in rejection of your application.*

A. Employer _____ Your Title _____

From _____ To _____ Total Months _____

Number of hours per week you worked _____ Reason for leaving _____

Your Duties: _____

B. Employer _____ Your Title _____

From _____ To _____ Total Months _____

Number of hours per week you worked _____ Reason for leaving _____

Your Duties: _____

C. Employer _____ Your Title _____

From _____ To _____ Total Months _____

Number of hours per week you worked _____ Reason for leaving _____

Your Duties: _____

D. Employer _____ Your Title _____

From _____ To _____ Total Months _____

Number of hours per week you worked _____ Reason for leaving _____

Your Duties: _____

MILITARY SERVICE

Qualified veterans who obtain passing scores on open competitive examinations may be entitled to have additional points added to their scores. Individuals entitled to veteran's preference points also include disabled veterans, spouses of certain disabled veterans or unremarried spouses of eligible veterans who were killed in action or died of a service-connected disability. Candidates must qualify under Wisconsin state statutes defining veterans for this purpose.

Wisconsin State Statute 230.16(7m)(a) defines a "veteran" as a person who fulfills at least one of the following requirements:

1. Served on active duty in the U.S. armed forces for at least 180 days, not including training.
2. Was discharged from the U.S. armed forces because of a disability incurred during active duty or because of a disability that is later adjudicated by the U.S. department of veterans affairs to have been incurred during active duty.
3. Was honorably discharged from the U.S. armed forces.
4. Is eligible to receive federal veterans benefits.

Documentation Required

If you are an eligible veteran, you must attach an undeleted copy of your DD-214. Undeleted means that the copy you submit must include the bottom portion that indicates the type of discharge you received. If you have not yet been released from active duty, you may present individual orders or a letter from your commanding officer attesting to honorable service and the dates thereof, instead of the DD-214. If you are the spouse of a disabled wartime veteran whose disability is at least 70%, or if you are the un-remarried spouse of a veteran who was killed in action or died of a service-connected disability, you may be eligible to claim preference points. In addition to the documentation described above, you must also provide documentation of your relationship to the veteran and of the veteran's compensable disability.

Do you claim veteran's preference points based on the criteria listed above?

Yes _____ No _____

City of Milwaukee
Supplementary Applicant Information

No applicant for employment shall be discriminated against because of race, color, creed, religion, sex, genetic testing, sexual orientation, marital status, membership in the military reserves, national origin, ancestry, age, arrest or non-job-related conviction record, non-job-related physical or mental disability, or the use or nonuse of lawful products off the employer's premises during nonworking hours.

Completion of this form is voluntary. We ask, however, for your cooperation in completing the following information. It will be treated confidentially and used only to help us monitor the City's Affirmative Action efforts and to comply with Federal recordkeeping requirements.

Your birthdate must be provided and will be used for conviction verification: _____

PLEASE PRINT

1. Name: _____
LAST FIRST MIDDLE

- 2. Recruiting information: How did you FIRST hear about this job opening? (please check only one)
A. Milwaukee Journal Sentinel
B. Other Newspaper (please specify) _____
C. City Hall Posting
D. Library Posting
E. Community Agency Posting (please specify) _____
F. College or University Posting (please specify) _____
G. From a City Employee
H. From Someone who is NOT a City Employee
I. Job Hotline Number (414-286-5555)
J. Received Job Interest Postcard in mail
K. Job Fair/Career Talk (please specify) _____
L. TV (please specify station) _____
M. Radio (please specify station) _____
N. www.milwaukee.gov/jobs
O. Other internet site (please specify) _____
P. OTHER (please specify) _____

3. Sex (please check one): MALE _____ FEMALE _____

- 4. Race (please check one):
Black/African American (not of Hispanic origin)
Hispanic/Chicano/Puerto Rican/Mexican/Cuban/Central or South American
White/Caucasian/European/North African/Middle Eastern (not of Hispanic origin)
Native American Indian/Alaskan Native
Asian American/Pacific Islander/Far Eastern/Indian subcontinent or Southeastern Asian (i.e., China, Japan, Korea, Philippine Islands, Samoa)

5. List any languages, other than English, which you speak FLUENTLY: _____

6. Certain Federal grant positions may require public housing development residency. Please complete the following if you are currently living in a City of Milwaukee public housing development.
I live in the _____ Housing Development.

The above completed information is true to the best of my knowledge.

SIGNATURE _____ DATE _____