City of Milwaukee

REINSTATEMENT APPLICATION for

Dept. of Employee Relations
Room 706, City Hall
200 E. Wells St.
Milwaukee, WI 53202-3554
(414) 286-3751
TDD (414) 286-2960
www.milwaukee.gov/jobs

INSTRUCTIONS TO APPLICANT:

1. Please PRINT answers in black ink (for copying purposes).
2. Answer all questions. Credit may NOT be given for incomplete information.
3. DATE and SIGN on page 2.
4. Keep a copy of completed application materials for your files.

Name _____
Last First M.I.

Address _____
Apt. #

_____
City State Zip Code

Email: _____
Day phone: (____) _____ - _____
Evening phone: (____) _____ - _____
Cell phone: (____) _____ - _____

Social Security Number _____-_____-_____

Do you currently live in the city of Milwaukee?

☐ Yes. When did you become a resident? (month/year) _____

☐ No

NOTE: City employees must live in the City. Residency proof will be required as stated under qualifications for the position applied for.

List any other names by which you have been known on official records:

_____

Are you 18 years of age or older? ☐ Yes ☐ No If under 18, how old are you? _____ years months

Due to limitations on employment of relatives, list the names and exact relationships of any relatives who are City of Milwaukee employees:

List any licenses, registrations and/or certificates you possess, such as Driver's, Nursing or Professional Engineer, that are related to the job you are applying for:

TYPE NUMBER (if any) TYPE NUMBER (if any)

EDUCATION AND TRAINING

Circle the highest grade or year completed in school: 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate from High School? ☐ Yes ☐ No

If Yes, Name and Location of High School _____

Have you passed a high school equivalency or G.E.D. Test? ☐ Yes ☐ No

Training beyond high school (college or university, nursing, business college, military or other training you have received). Under credits earned, indicate Q for quarter hours or S for semester hours.

NAME AND LOCATION OF SCHOOL	FULL OR PART TIME	DATES ATTENDED FROM MO. YR.	TO MO. YR.	CREDITS EARNED	MAJOR OR FIELDS OF STUDY	TYPE OF DEGREE/DATE COMPLETED

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"):

Please list the following information about your previous employment with the City of Milwaukee:

POSITION TITLE	DEPARTMENT	EMPLOYEE ID #	FROM (MO./YR.) TO (MO./YR.)

If you have ever been **convicted** of an offense, including felonies or misdemeanors, or have charges pending, other than ordinance or minor traffic violations, list details below. **YOU MUST PROVIDE YOUR BIRTHDATE ON PAGE 4. YOUR BIRTHDATE WILL BE USED FOR CONVICTION VERIFICATION ONLY.** Use separate sheet if necessary:

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. Convictions not reported 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** _____

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. 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	☐ Part time ☐ Full time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Duties:	
Employer	From (month/year): _____ To (month/year): _____
Address	Salary/Wage: $_____ per _____
Your Title	☐ Part time ☐ Full time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Duties:	
Employer	From (month/year): _____ To (month/year): _____
Address	Salary/Wage: $_____ per _____
Your Title	☐ Part time ☐ Full time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Duties:	

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.

PLEASE PRINT OR TYPE

1. Name: _____

   LAST FIRST MIDDLE

2. Sex (please check one): MALE_____ FEMALE_____

3. 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)

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

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

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_____