



City of Milwaukee

EMPLOYMENT APPLICATION

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

INSTRUCTIONS TO APPLICANT. Please:

- 1. Please PRINT answers in black ink (for copying purposes).
2. Answer all questions. Credit may NOT be given for incomplete information.
3. Print your Last Name in the left margin of page 1.
4. DATE and SIGN on page 2.
5. Keep a copy of completed application materials for your files.
6. A resume may not be used as a substitute for this application. Please do not say "See Resume."

POSITION(S) APPLYING FOR (Check all that apply):

- Office Assistant I
Office Assistant I (MPD)

- School Secretary I
(Please complete the computer software experience page of application for School Secretary I and Bilingual School Secretary I)

Fluency in reading, writing and speaking both English and Spanish is required for the BILINGUAL positions. Are you fluent in both English & Spanish? Yes No

- Bilingual Office Assistant I
Bilingual School Secretary I

Name Last First M.I.

Address Apt. #

City State Zip Code

Email:

Day phone: () -

Evening phone: () -

Social Security Number - -

The provision of your Social Security Number is not mandatory. It will be used for applicant tracking purposes.

Do you currently live in the city of Milwaukee?

- Yes - Month/year you became a resident
No

NOTE: City employees must live in the City. Residency proof will be required at the time of hire or within six months.

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?

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:

License Type and Number (if any)

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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

LAST NAME

EDUCATION AND TRAINING (continued)

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 _____ To _____
CREDITS EARNED _____ MAJOR OR FIELDS OF STUDY _____
TYPE OF DEGREE/DATE COMPLETED _____

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FULL OR PART TIME _____ DATES ATTENDED From _____ To _____
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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 _____ DEPARTMENT _____
EMPLOYEE ID # _____ FROM (MO./YR.) TO (MO./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 fill in NO below.

YOU MUST PROVIDE YOUR BIRTHDATE ON THE PAGE 6 OF THIS APPLICATION. YOUR BIRTHDATE WILL BE USED FOR CONVICTION VERIFICATION ONLY. In the space 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** _____

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. IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL PAGES.

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:
Duties:	
<hr/>	
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:
Duties:	
<hr/>	
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:
Duties:	
<hr/>	
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:
Duties:	

If you are applying for School Secretary I or Bilingual School Secretary I with the Milwaukee Public Schools, please specify the computer software products with which you are familiar, give a self-assessment of your skill level, briefly describe your experience (what you used the product for), and estimate approximate amount of experience.

WORD PROCESSING

WORDPERFECT	___ BASIC	___ INTERMEDIATE	___ ADVANCED
MICROSOFT WORD	___ BASIC	___ INTERMEDIATE	___ ADVANCED
WORDSTAR	___ BASIC	___ INTERMEDIATE	___ ADVANCED
OTHER	___ BASIC	___ INTERMEDIATE	___ ADVANCED

COURSEWORK Yes ___ No ___ JOB EXPERIENCE Yes ___ No ___

BRIEF DESCRIPTION OF EXPERIENCE/COURSEWORK: _____

DATES OF EXPERIENCE: _____ YEARS OF EXPERIENCE: _____

DATA PROCESSING

DBASE IV	___ BASIC	___ INTERMEDIATE	___ ADVANCED
PEOPLESFT	___ BASIC	___ INTERMEDIATE	___ ADVANCED
ACCESS	___ BASIC	___ INTERMEDIATE	___ ADVANCED
OTHER	___ BASIC	___ INTERMEDIATE	___ ADVANCED

COURSEWORK Yes ___ No ___ JOB EXPERIENCE Yes ___ No ___

BRIEF DESCRIPTION OF EXPERIENCE/COURSEWORK: _____

DATES OF EXPERIENCE: _____ YEARS OF EXPERIENCE: _____

SPREADSHEET

LOTUS	___ BASIC	___ INTERMEDIATE	___ ADVANCED
EXCEL	___ BASIC	___ INTERMEDIATE	___ ADVANCED
QUATTRO PRO	___ BASIC	___ INTERMEDIATE	___ ADVANCED
OTHER	___ BASIC	___ INTERMEDIATE	___ ADVANCED

COURSEWORK Yes ___ No ___ JOB EXPERIENCE Yes ___ No ___

BRIEF DESCRIPTION OF EXPERIENCE/COURSEWORK: _____

DATES OF EXPERIENCE: _____ YEARS OF EXPERIENCE: _____

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 _____