City of Milwaukee

EMPLOYMENT APPLICATION

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/der

INSTRUCTIONS TO APPLICANT. Please:

1. Use a typewriter or PRINT answers in black ink (for copying purposes).
2. Answer all questions in UNSHADED areas. Credit may NOT be given for incomplete information. Leave SHADED areas BLANK.
3. Print your Last Name in the left margin.
4. DATE and SIGN on the reverse side.
5. Keep a copy of completed application materials for your files.

LAST NAME _____

EXAM #06-031 _____

EXACT TITLE OF POSITION APPLIED FOR: SUBSTITUTED HANDICAPPED CHILDREN'S ASSISTANT

Name _____
Last First M.I.

Address _____
Apt. #

_____
City **State** **Zip Code**

Email: _____

Day phone: ( ) _____ - _____

Evening phone: ( ) _____ - _____

Social Security Number _____-_____-_____

Do you currently live in the city of Milwaukee?

☐ Yes ☐ No

If yes, when did you become a resident? (month/year) _____

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? _____
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)

MILITARY SERVICE

*** Read carefully if you may be eligible for veteran's preference points. ***

Extra points are added to passing scores of qualified war veterans or spouses of certain disabled or deceased veterans on open competitive exams. If you were in the U.S. Armed Services during the following war periods, check the appropriate boxes and enter service dates. You MUST include with this application, a PHOTOCOPY of your discharge document(s) (e.g. DD214) showing (1) date of entry, (2) date of discharge and (3) honorable service. THIS IS YOUR ONLY OPPORTUNITY TO CLAIM VETERAN'S PREFERENCE. FAILURE TO COMPLETE THIS SECTION ACCURATELY OR FAILURE TO ATTACH A PHOTOCOPY OF YOUR DD214 AND/OR A V.A. LETTER WITH THIS APPLICATION WILL DISQUALIFY YOU FROM BEING AWARDED VETERAN'S PREFERENCE POINTS. For further information please see the back page of the application.

Military Status

- ☐ Enlisted, drafted or commissioned--active duty
- ☐ Enlisted or commissioned reserve or National Guard service --active duty for training only

Date Entered Active Duty: _____

Date Terminated Active Duty: _____

If you or your spouse has any disability traceable to war service recognized and compensated as such by the United States Government or you are the unremarried spouse of a deceased veteran and you wish to receive credit, then you must submit documentary proof of the compensable disability with this application.

Period of Service

- ☐ August 27, 1940-July 25, 1947
- ☐ June 27, 1950-January 31, 1955
- ☐ August 5, 1964-January 1, 1977
- ☐ Persian Gulf War/Desert Shield/Desert Storm (August 1, 1990 to date to be determined)
- ☐ Afghanistan War (September 11, 2001 to date to be determined)
- ☐ Called to active duty in 1961 by Executive Order No. 10957
- ☐ Entitled to receive Armed Forces, Marine Corps, Navy Expeditionary Medals, Vietnam Service Medal or Southwest Asia Service Medal

Date: _____

Location: _____

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.

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

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, SEE FOLLOWING PAGE.

Current or last 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:	

PLEASE USE NEXT PAGE TO LIST PREVIOUS EMPLOYMENT

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 an offense, including felonies, misdemeanors and ordinance violations, or have charges pending, other than minor traffic violations, list details below. **IF YOU LIST CONVICTIONS, PROVIDE YOUR BIRTHDATE ON PAGE 5. 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 (Continued)

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:	

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:	

DEPARTMENT OF EMPLOYEE RELATIONS
TRAINING AND EXPERIENCE QUESTIONNAIRE FOR

SUBSTITUTE HANDICAPPED CHILDREN'S ASSISTANT (MPS)

NAME _____

MAILING ADDRESS _____

_____

_____

DAY PHONE NUMBER (_____) _____

EVENING PHONE NUMBER (_____) _____

Best time to reach by phone: _____(AM/PM)

WE URGE YOU TO MAKE COPIES OF ALL APPLICATION MATERIALS YOU SUBMIT.

IMPORTANT: A resume is not a substitute for this questionnaire (you may attach a resume). This questionnaire constitutes an important part of your examination. The information provided is subject to verification with your employers and will be used to select the most qualified candidates. Be as detailed as you can about your training and about each job you have held. Credit will not be given for incomplete or incorrect information and will constitute justification for disqualification from consideration for this position or removal from a city position. Please type or use **BLACK INK** (required for reproduction purposes).

MAIL TO: City of Milwaukee Department of Employee Relations
Room 706, City Hall
200 East Wells Street
Milwaukee, WI 53202-3554

READ CAREFULLY BEFORE SIGNING: The answers to the questions on the attached pages are true and complete to the best of my knowledge. I understand that falsification of this form may result in disqualification or removal from a City position.

YOU MUST SIGN AND DATE THIS FORM.

SIGNATURE _____ DATE _____

Please apply only IF you meet the announced minimum requirements.

I. EDUCATION

A. Do you possess a CNA License? Yes_____ No_____

Please list your License # _____

B. List below any related information concerning your education:

_____

_____

_____

_____

_____

II. EXPERIENCE (Include experience in feeding, toileting and bathing handicapped individuals).
List below all of your experience and youth activities. 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 <u>not</u> considered to be qualifying experience.

A. Employer _____ Your Title _____

From _____ To _____ Total Months _____ Hours per week _____

Your Duties: _____

_____

_____

B. Employer _____ Your Title _____

From _____ To _____ Total Months _____ Hours per week _____

Your Duties: _____

_____

_____

C. Employer _____ Your Title _____

From _____ To _____ Total Months _____ Hours per week _____

Your Duties: _____

_____

_____

D. Employer _____ Your Title _____

From _____ To _____ Total Months _____ Hours per week _____

Your Duties: _____

_____

_____

E. Employer _____ Your Title _____

From _____ To _____ Total Months _____ Hours per week _____

Your Duties: _____

_____

_____

III. List below any information not recorded in either parts I or II which you feel is relevant to this position.

_____

_____

_____

_____

_____

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?

_____ A signer

_____ A reader

_____ Extra time

_____ Other (Please describe) _____

Comments: _____

_____

_____

SIGNATURE: _____ DATE: _____

Provisions of test accommodations may be granted by the Department of Employee Relations 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.

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. Position Applied for: _____

3. 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/der**
   - ☐ O. Other internet site (please specify) _____
   - ☐ P. OTHER (please specify)_____

4. Sex (please check one): MALE_____ FEMALE_____

5. 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)

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

7. If you have listed offenses (see page 2), provide birthdate _____. Your birthdate will be used for conviction verification only.

8. 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_____

MILITARY SERVICE SUPPLEMENT TO CITY OF MILWAUKEE APPLICATION FOR

_____
(title of position)

APPLICANT'S NAME _____ DATE_____

ATTENTION: SPOUSES OF DECEASED OR DISABLED WARTIME VETERANS

Effective May 1, 1992, spouses of certain disabled wartime veterans and spouses of certain deceased veterans may be eligible to have extra points added to passing scores on open competitive examinations if they do not already have a regular appointment or reinstatement rights to a City position. If your spouse was in the U.S. Armed Services during the war periods listed at the bottom of this form, check the appropriate boxes and enter service dates. You must include with this application a photocopy of your spouse's discharge document(s) (e.g., DD214) showing (1) date of entry, (2) date of discharge, and (3) honorable service and/or a letter from the Veteran's Administration documenting that you are a qualifying spouse. THIS IS YOUR ONLY OPPORTUNITY TO CLAIM VETERAN'S PREFERENCE. FAILURE TO COMPLETE THIS SECTION ACCURATELY OR FAILURE TO ATTACH A PHOTOCOPY OF YOUR SPOUSE'S DD214 AND/OR A V.A. LETTER WITH THIS APPLICATION WILL DISQUALIFY YOU FROM BEING AWARDED VETERAN'S PREFERENCE POINTS. (Documentary proof of compensable disability must be submitted with this application in order to receive credit.)

Basis for Eligibility:

- ☐ I am the spouse of a disabled wartime veteran whose disability is at least 70% traceable to war service and recognized and compensated as such by the United States Government.
- ☐ I am the unremarried spouse of a veteran who died of a service-connected disability.
- ☐ I am the unremarried spouse of a veteran who was killed in action.

Spouse's Military Status:

- ☐ Enlisted, drafted or commissioned--active duty
- ☐ Enlisted or commissioned reserve or National Guard service--active duty for training only
  Date Entered Active Duty: _____
  Date Terminated Active Duty: _____
  Has your spouse any disability traceable to war service recognized and compensated as such by the United States Government? ☐ YES ☐ NO

Spouse's Period of Service

- ☐ August 27, 1940 - July 25, 1947
- ☐ June 27, 1950 - January 31, 1955
- ☐ August 5, 1964 - January 1, 1977
- ☐ Persian Gulf War/Desert Shield/Desert Storm (August 1, 1990 to date to be determined)
- ☐ Afghanistan War (September 11, 2001 to date to be determined)
- ☐ Called to active duty in 1961 by Executive Order No. 10957
- ☐ Entitled to receive Armed Forces, Marine Corps, Navy Expeditionary Medals, Vietnam Service Medal or Southwest Asia Service Medal

Date: _____
Location: _____