



APPLICATION FOR EMPLOYMENT
CITY OF BROOKFIELD
 2000 N. CALHOUN ROAD
 BROOKFIELD, WISCONSIN 53005
 PHONE: (262) 782-9650

APPLICANT PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE ANSWERING ANY QUESTIONS

1. Please print or type all information. Answer all questions as completely as space will permit. Failure to complete this application may prohibit you from proceeding in the evaluation process for this position.
2. Statements made in this application are subject to verification. The detection of false statements is a cause for disqualification or dismissal.
3. Date and sign the application on page 4.
4. Keep a copy of application materials for your files.

POSITION APPLYING FOR _____

NAME _____ SOCIAL SECURITY NO. _____
LAST FIRST MIDDLE

ADDRESS _____
NO. STREET CITY STATE ZIP

PHONE NUMBER : HOME (____) _____ BUSINESS/MESSAGE (____) _____

LIST ANY OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN ON OFFICIAL RECORDS:

HAVE YOU FILED AN APPLICATION OR BEEN EMPLOYED HERE BEFORE? YES NO
 DATES _____

DO YOU WISH TO HAVE THE INFORMATION CONTAINED IN YOUR APPLICATION MATERIALS REMAIN CONFIDENTIAL AS PERMITTED BY LAW IN ACCORDANCE WITH 19.36(7) WI. STATE STATS? YES NO

ARE YOU 18 YEARS OF AGE OR OLDER? YES NO IF UNDER 18, HOW OLD ARE YOU? _____
YRS. MOS.

DUE TO LIMITATIONS ON EMPLOYMENT OF RELATIVES, LIST THE NAMES AND EXACT RELATIONSHIP OF ANY RELATIVES WHO ARE CITY OF BROOKFIELD EMPLOYEES:

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 page 7 of the application.

Military Status

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

Date Entered Active Duty: _____
 Date Terminated Active Duty: _____

Period of Service

- August 27, 1940 – July 25, 1947
- June 27, 1950 – January 31, 1955
- August 5, 1964 – July 1, 1975
- Called to active duty in 1961 by Executive Order #10957
- Entitled to receive Armed Forces, Marine Corps, Navy Expeditionary Medals, or Southwest Asia Service Medal

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.

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 OF BROOKFIELD IS AN EEO EMPLOYER.
 WOMEN, MINORITIES, AND INDIVIDUALS WITH DISABILITIES ARE ENCOURAGED TO APPLY.*

EDUCATION AND TRAINING					
CIRCLE THE HIGHEST GRADE OR YEAR COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12		NAME & LOCATION OF HIGH SCHOOL		DO YOU HAVE A HIGH SCHOOL DIPLOMA OR A GED EQUIVALENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TRAINING BEYOND HIGH SCHOOL (COLLEGE OR UNIVERSITY, BUSINESS COLLEGE OR OTHER SCHOOLS YOU HAVE ATTENDED.)			CIRCLE THE NUMBER OF YEARS COMPLETED IN COLLEGE OR UNIVERSITY 1 2 3 4 5 6 7 8		
NAME AND LOCATION		DATES ATTENDED FROM TO	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO	MAJOR	DEGREES CONFERRED AND YEAR
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
DESCRIBE ANY EDUCATION AND TRAINING YOU HAVE HAD WHICH IS NOT COVERED ABOVE, SUCH AS VOCATIONAL SCHOOL, CORRESPONDENCE COURSES, SERVICE SCHOOLS, IN-SERVICE TRAINING, OR VOLUNTEER WORK WHICH YOU FEEL IS RELEVANT TO THE JOB YOU ARE APPLYING FOR. ALSO INCLUDE RELEVANT LICENSES OR CERTIFICATES. BE SPECIFIC AND INCLUDE DATES.					

EMPLOYMENT HISTORY			
WORK EXPERIENCE: PROVIDE A COMPLETE DESCRIPTION, START WITH YOUR MOST RECENT JOB AND WORK BACK. BE SURE TO INCLUDE SERVICE IN THE ARMED FORCES. EXPLAIN ANY GAPS BETWEEN PERIODS OF EMPLOYMENT. IF MORE SPACE IS REQUIRED, CONTINUE ENTRIES ON SEPARATE SHEET ARRANGED AS BELOW AND ATTACH TO APPLICATION. ALTHOUGH RESUMES ARE WELCOME, THEY MAY NOT BE SUBSTITUTED FOR THE INFORMATION REQUESTED BELOW.			
NAME OF EMPLOYER		TYPE OF BUSINESS	
ADDRESS, CITY & STATE		YOUR JOB TITLE	
YOUR DUTIES		DATES EMPLOYED FROM TO	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
		SUPERVISOR'S NAME & PHONE #	MAY WE CONTACT NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO
		RATE OF PAY BEGINNING \$ ____ PER ____	RATE OF PAY ENDING \$ ____ PER ____
		REASON FOR LEAVING OR CONSIDERING LEAVING	
NAME OF EMPLOYER		TYPE OF BUSINESS	
ADDRESS, CITY & STATE		YOUR JOB TITLE	
YOUR DUTIES		DATES EMPLOYED FROM TO	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
		SUPERVISOR'S NAME & PHONE #	MAY WE CONTACT NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO
		RATE OF PAY BEGINNING \$ ____ PER ____	RATE OF PAY ENDING \$ ____ PER ____
		REASON FOR LEAVING OR CONSIDERING LEAVING	

NAME OF EMPLOYER	TYPE OF BUSINESS	
ADDRESS, CITY & STATE	YOUR JOB TITLE	
YOUR DUTIES	DATES EMPLOYED FROM _____ TO _____	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
	SUPERVISOR'S NAME & PHONE #	MAY WE CONTACT NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO
	RATE OF PAY BEGINNING \$ _____ PER _____	RATE OF PAY ENDING \$ _____ PER _____
	REASON FOR LEAVING OR CONSIDERING LEAVING	

NAME OF EMPLOYER	TYPE OF BUSINESS	
ADDRESS, CITY & STATE	YOUR JOB TITLE	
YOUR DUTIES	DATES EMPLOYED FROM _____ TO _____	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
	SUPERVISOR'S NAME & PHONE #	MAY WE CONTACT NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO
	RATE OF PAY BEGINNING \$ _____ PER _____	RATE OF PAY ENDING \$ _____ PER _____
	REASON FOR LEAVING OR CONSIDERING LEAVING	

NAME OF EMPLOYER	TYPE OF BUSINESS	
ADDRESS, CITY & STATE	YOUR JOB TITLE	
YOUR DUTIES	DATES EMPLOYED FROM _____ TO _____	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
	SUPERVISOR'S NAME & PHONE #	MAY WE CONTACT NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO
	RATE OF PAY BEGINNING \$ _____ PER _____	RATE OF PAY ENDING \$ _____ PER _____
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NAME OF EMPLOYER	TYPE OF BUSINESS	
ADDRESS, CITY & STATE	YOUR JOB TITLE	
YOUR DUTIES	DATES EMPLOYED FROM _____ TO _____	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
	SUPERVISOR'S NAME & PHONE #	MAY WE CONTACT NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO
	RATE OF PAY BEGINNING \$ _____ PER _____	RATE OF PAY ENDING \$ _____ PER _____
	REASON FOR LEAVING OR CONSIDERING LEAVING	

WERE YOU EVER DISCHARGED OR FORCED TO RESIGN FROM ANY POSITION? YES NO

IF YES, EXPLAIN: _____

PLEASE COMPLETE REMAINDER OF THIS APPLICATION ON PAGE 4

ADDITIONAL INFORMATION: (List the machines or equipment you can operate such as office machines, construction equipment, trucks, etc., and you may use this space for any additional information or comments relative to your application. Also, if currently licensed or registered as a member of some profession or trade, indicate type of license or certificate and date issued.)

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO LICENSE NUMBER _____

COMMERCIAL DRIVER'S LICENSE? YES NO ENDORSEMENTS _____

HAVE YOU EVER BEEN **CONVICTED** OF ANY VIOLATIONS OF LAW OTHER THAN MINOR TRAFFIC VIOLATIONS?
 YES NO IF YES, FOR WHAT HAVE YOU BEEN CONVICTED, WHEN, WHERE AND PENALTY IMPOSED?

IF YOU HAVE LISTED A CONVICTION(S) ABOVE, PLEASE PROVIDE YOUR BIRTHDATE ON PAGE 5. BIRTHDATE WILL BE USED FOR CONVICTION VERIFICATION ONLY.

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 DISCHARGE.

CAREFULLY READ THIS APPLICATION AND YOUR ANSWERS AND THE CERTIFICATION AND AGREEMENT BELOW BEFORE SIGNING.

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I understand and agree that any misstatements or omissions of material fact herein subjects me to disqualification or dismissal.

I authorize the City of Brookfield to make such investigations and inquiries of my personal employment, financial and other related matters as may be necessary at arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. A copy of this authorization shall be effective as the original.

I authorize the City of Brookfield to make such investigation of my medical history, as may be necessary only after I have received a conditional job offer by the City.

I further understand that in the event of employment by the City, my classification as a permanent employee depends upon my successfully performing work assigned me during a probationary period, where applicable.

I also understand that covered employees are compensated for overtime work in accordance with the Fair Labor Standards Act. Applicants should discuss overtime pay practices with the appointing authority prior to accepting employment with the City.

SIGNATURE OF APPLICANT

DATE

Thank you for completing this application and for your interest in employment with us. We would like to assure you that your opportunity for employment with the City will be based on your merit and qualifications and no other consideration.

City of Brookfield
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 services, national origin, ancestry, age, arrest or non-job-related conviction record or non-job-related physical or mental disability.

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

PLEASE PRINT OR TYPE

POSITION APPLIED FOR _____

NAME (PRINT) _____
Last First Middle

ADDRESS _____
Street City State Zip

SEX: MALE FEMALE

(SEE PAGE 4 TO DETERMINE WHETHER YOU NEED TO INDICATE YOUR DATE OF BIRTH)

BIRTHDATE _____
Month Day Year

RACE/ETHNIC GROUP:

- Black/African American** (not of Hispanic origin)
- Asian American/Pacific Islander/Far Eastern/Indian Subcontinent** (i.e. Southeastern Asian, China, Japan, Korea, the Philippine Islands and Samoa)
- American Indian/Alaskan Native**
- Hispanic/Chicano/Puerto Rican/Mexican/Cuban/Central or South American**
- White/Caucasian/European/North African/Middle Eastern**

RECRUITING INFORMATION:

How did you hear about this job? (Please check one)

- Newspaper/Radio (please specify) _____
- Professional journal/Magazine (please specify) _____
- Community organization (please specify) _____
- City Hall bulletin board/walk-in
- Present City employee
- Referred by Wisconsin Job Service
- Website
- Word of Mouth

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

SIGNATURE

DATE

NOTE: IF YOU NEED TEST ACCOMMODATIONS, PLEASE COMPLETE THE BACK OF THIS FORM.

TESTING ACCOMMODATIONS

In accordance with State and Federal laws, the City of Brookfield 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’ 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 Personnel Department 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.

PLEASE COMPLETE REMAINDER OF THIS APPLICATION ON PAGE 4.

(title of position)

APPLICANTS' 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 - July 1, 1975
- Called to active duty in 1961 by Executive Order No. 10957
- Entitled to receive Armed Forces, Marine Corps, Navy Expeditionary Medals, or Southwest Asia Service Medal

Date: _____

Location: _____