



APPLICATION FOR EMPLOYMENT
CITY OF GREENFIELD

7325 W. FOREST HOME AVE.
GREENFIELD, WI 53220-3396
(414) 329-5208

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.
2. Statements made in the 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. Note, residency may be required.

POSITION APPLYING FOR _____

NAME _____ SOCIAL SECURITY NO. _____
LAST FIRST MIDDLE

ADDRESS _____
NO. STREET CITY STATE ZIP

PHONE NUMBER: _____ UVPÒÜ _____

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 MATERIAL REMAIN CONFIDENTIAL AS PERMITTED BY LAW IN ACCORDANCE WITH 19.36(7) WIS. STATS? YES NO

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

GIVE NAME, ADDRESS AND PHONE NUMBER OF THREE REFERENCES NOT RELATED TO YOU

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 GREENFIELD IS AN EEO/AFFIRMATIVE ACTION EMPLOYER.
WOMEN, MINORITIES, AND INDIVIDUALS WITH DISABILITIES ARE ENCOURAGED TO APPLY.*

EDUCATION AND TRAINING

CHECK THE HIGHEST GRADE OR YEAR COMPLETED												NAME & LOCATION OF HIGH SCHOOL						DO YOU HAVE A HIGH SCHOOL DIPLOMA OR A GED EQUIVALENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO					
1	2	3	4	5	6	7	8	9	10	11	12												
TRAINING BEYOND HIGH SCHOOL (COLLEGE OR UNIVERSITY, BUSINESS COLLEGE, OR OTHER SCHOOL YOU HAVE ATTENDED.)												CHECK THE NUMBER OF YEARS COMPLETED IN COLLEGE OR UNIVERSITY											
												1 2 3 4 5 6 7 8											
NAME AND LOCATION						DATES ATTENDED			GRADUATED			MAJOR			DEGREE CONFERRED AND YEAR								
						FROM TO			<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, SERVICES 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			<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	
					FROM TO				
					MO. & YR. MO. & YR.				
					SUPERVISOR'S NAME & PHONE NO.			MAY WE CONTACT NOW?	
								<input type="checkbox"/> YES <input type="checkbox"/> NO	
					RATE OF PAY		RATE OF PAY		
					BEGINNING \$ _____ PER _____		ENDING \$ _____ PER _____		
					REASON FOR LEAVING OR CONSIDERING LEAVING				

NAME OF EMPLOYER					TYPE OF BUSINESS				
ADDRESS, CITY & STATE					YOUR JOB TITLE				
YOUR DUTIES					DATES EMPLOYED			<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	
					FROM TO				
					MO. & YR. MO. & YR.				
					SUPERVISOR'S NAME & PHONE NO.			MAY WE CONTACT NOW?	
								<input type="checkbox"/> YES <input type="checkbox"/> NO	
					RATE OF PAY		RATE OF PAY		
					BEGINNING \$ _____ PER _____		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 _____ <small>MO. & YR. MO. & YR.</small>	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
	SUPERVISOR'S NAME & PHONE NO.	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 _____ <small>MO. & YR. MO. & YR.</small>	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
	SUPERVISOR'S NAME & PHONE NO.	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 _____ <small>MO. & YR. MO. & YR.</small>	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
	SUPERVISOR'S NAME & PHONE NO.	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 _____ <small>MO. & YR. MO. & YR.</small>	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
	SUPERVISOR'S NAME & PHONE NO.	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:

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 _____

DO YOU HAVE A COMMERCIAL DRIVER'S LICENSE (CDL)? YES NO

WERE YOU IN THE U.S. ARMED FORCES? YES NO IF YES, WHAT BRANCH? _____

DATES OF DUTY: FROM _____ TO _____ RANK AT DISCHARGE _____
MONTH DAY YEAR MONTH DAY YEAR

HONORABLE DISCHARGE? YES NO IF NO, EXPLAIN _____

LIST DUTIES IN THE SERVICE INCLUDING SPECIAL TRAINING: _____

DO YOU HAVE ANY CRIMINAL, MUNICIPAL, OR SERIOUS TRAFFIC CHARGES PENDING? YES NO

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?

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 Greenfield 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.

I authorize the City of Greenfield 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 further understand that a copy of this consent shall be considered as effective and as valid as the original.

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.

I authorize the City of Greenfield to conduct a police/background check, and hereby forever release, discharge, and covenant not to sue any person or organization for any result of providing, obtaining, or acting upon such employment.

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 GREENFIELD

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ADDENDUM TO JOB APPLICATION ARE YOU ELIGIBLE FOR VETERAN'S PREFERENCE POINTS?

Effective May 1, 1992, the Wisconsin State Statute on veteran's preference points was changed to allow for an increase in points for veterans, and the inclusion of certain qualified spouses of veterans. "A preference shall be given to those eligible veterans and those qualifying spouses of veterans (specified below) who gain eligibility on any competitive employment register and who do not currently hold a permanent appointment or have mandatory restoration rights to a permanent appointment to any position."

If you wish to claim veteran's preference, check off below eligibility criteria that you meet on this and the reverse side of this page. **It will be necessary that you present at the time of filing this application discharge documents showing dates of entry, discharge, and honorable service. Proof of claimed service must be presented in the form of a DD 214 or a V.A. letter with appropriate orders, if necessary, and proof of disability related to the service no later than the application closing date. For assistance in obtaining the necessary documentation only, contact the Veteran's Service Office at 278-4054, or stop in Room G-5 of the Courthouse.**

Indicate which definition applies to you by checking the appropriate box below:

1A. Qualified veteran, (10 preference points).

A qualified veteran is any person who served on active duty under honorable conditions in the U.S. armed forces for 2 continuous years or more or the full period of the person's initial service obligation, whichever is less. A person discharged from the U.S. armed forces for reasons of hardship or a service-connected disability or a person released due to a reduction in the U.S. armed forces prior to the completion of the required period of service shall also be considered a "veteran", regardless of the actual time served.

1B. Qualified veteran, (10 preference points).

A qualified veteran is any person who served on active duty under honorable conditions in the U.S. armed forces who was entitled to receive either the armed forces expeditionary medal or the Vietnam service medal, or who was awarded the humanitarian services medal for participation in the attempt to rescue American hostages in Iran, or was awarded the valor ribbon bar for having been a hostage in Iran during the Iranian hostage crisis in 1980 and 1981, or who participated in the April 14, 1986 military attack against Libya, or who served on the U.S.S. Stark on May 17, 1987, or who served in Grenada (10/23/83- 11/21/83), Lebanon (8/1/82-4/16/84), or Panama (Operation Just Cause 12/20/89-1/31/90), or any person who served for at least one day during a war period on active duty and under honorable conditions.

Acceptable war period service:

World War II, between 8/27/40 - 7/25/47;

Korean conflict, 6/27/50 - 1/31/55;

Vietnam era, 8/5/64 - 7/11/75;

Persian Gulf War, 8/1/90 - Present.

2. Qualified disabled wartime veteran whose disability is less than 30% and is directly traceable to war service. (15 preference points).

3. Qualified disabled wartime veteran whose disability is 30% or more, and is directly traceable to war service. (20 preference points).

4. Spouse of a qualified disabled wartime veteran whose disability is at least 70% and is directly traceable to war service (10 preference points).*

5. Unremarried spouse of a qualified veteran killed in action, (10 preference points).*

6. Unremarried spouse of a qualified veteran who died of a service connected disability, (10 preference points).*

If you have selected item 4, 5, or 6 you are required to submit a copy of your spouse's DD 214, a copy of your marriage certificate and written verification of your spouse's wartime disability or service connected disability dated within the past 6 months), or service connected death. Forms DD 214 and other substantiating documentation should be submitted no later than the application closing date. For assistance in obtaining necessary documentation only, contact the Veteran's Service Office at 278-4054, or stop in Room G-5 in the Courthouse.

I understand that this form is an official addendum to the application, and that I must meet the qualifications listed on the attached application form under veteran's preference points in order to receive the preference indicated above.

(Signature)

(Date)

CITY OF GREENFIELD

Supplementary Applicant Information

No applicant for employment shall be discriminated against because of race, color, creed, religion, sex, sexual orientation, marital status, 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) _____ SOCIAL SECURITY NO. _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP

BIRTH DATE _____
MONTH DAY YEAR

SEX: MALE FEMALE

RACE/ETHNIC GROUP:

- Hispanic or Latino** —A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)**—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)**—A person having origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)**—A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** —A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaskan Native (Not Hispanic or Latino)**—A person having origins in any of the original peoples of North America and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)**—All persons who identify with more than one of the above five races.

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 / website
- Present City employee
- Referred by Wisconsin Job Service

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

X

SIGNATURE

DATE

TESTING ACCOMMODATIONS

In accordance with State and Federal laws, the City of Greenfield 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 Human Resources 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.