

Employment Application



CITY OF MADISON
HUMAN RESOURCES DEPARTMENT
 210 Martin Luther King, Jr. Blvd., Room 501
 Madison, Wisconsin 53703

Phone (608) 266-4615; FAX (608) 267-1115
 Job Line (608) 266-6500; TTY/Textnet (866) 704-2340
www.cityofmadison.com/Employment/

FOR OFFICE USE ONLY	
REG NO.	APP NO.

APPLICATION INFORMATION - Please read carefully.

- Applicants are required to complete a separate application for each position to which they apply.
- Applications must be received in the Human Resources Department no later than 4:30 p.m. (Central Time) on the closing date. **NO EXCEPTIONS.**
- The Human Resources Department is not responsible for errors or delays by the mail system or for mechanical failure of a FAX machine.
- If you FAX an application, the original document must be mailed to the above address within three days.
- Please print or type all information requested on the application form.

APPLICATION FOR POSITION OF:			DEPARTMENT/DIVISION:		
LAST NAME: (PRINT CLEARLY)		FIRST NAME:		MIDDLE NAME:	
PRESENT ADDRESS (NUMBER, STREET):		CITY:	STATE:	ZIP CODE:	
MAILING ADDRESS - IF DIFFERENT THAN ABOVE (NUMBER, STREET):		CITY:	STATE:	ZIP CODE:	
HOME PHONE:	CELL PHONE:	BUSINESS PHONE:	E-MAIL ADDRESS:		
Are you a U.S. citizen or a legal resident authorized to work in the U.S.?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, do you have an entry permit which allows you to work?			<input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever used another name? Please List: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you at least 18 years of age?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been employed by the City of Madison?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Current Dept/Dates _____		<input type="checkbox"/> Permanent <input type="checkbox"/> Hourly			
<input type="checkbox"/> Previous Dept/Dates _____		<input type="checkbox"/> Permanent <input type="checkbox"/> Hourly			
Have you ever been terminated for cause or resigned to avoid being discharged by the City of Madison?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been terminated, discharged or resigned from any other employer to avoid being discharged?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain on a separate sheet of paper. Indicate employer and date.					
CONVICTIONS (for other than minor traffic violations)					
FELONY(S)/MISDEMEANOR(S): In the past three years have you been convicted, placed on probation, fined, imprisoned, paroled, or placed on extended supervision for any criminal law violation(s) including criminal traffic offenses; OR are you currently on parole, probation or extended supervision from previous offenses; OR do you have a current pending charge for any offense including criminal traffic offenses? (If yes, complete Section A below.)			<input type="checkbox"/> Yes <input type="checkbox"/> No		
ORDINANCE VIOLATION(S): In the past three years have you been convicted of, fined or do you currently have a pending charge for, any of the following civil law violations: Disorderly Conduct, Damage to Property, Trespass, Retail Theft, any offense involving Alcohol, Marijuana or any Controlled Substance, Drug Paraphernalia, or Resisting/Obstructing a Peace Officer? (If yes, complete Section A below.)			<input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION A: Please list convictions and pending charges, including relevant dates. You may also attach additional pages if necessary.

Your Name at Time of Offense	Date (Mo/Yr)	Court Location (City/State)	Conviction or Pending Charge	Court Disposition

In accordance with federal, state and local law, pending criminal charges or any convictions will not be considered unless they are substantially related to circumstances of the particular job. Convictions and pending charges not reported will be cause for disqualification of your application. You will not be eligible to apply for City employment for a period of one year.

The Human Resources Department routinely verifies conviction, driving and other information listed on this application.

09/08/2009

EDUCATION & TRAINING

GRAMMAR & HIGH SCHOOL (Circle highest year completed) 1 2 3 4 5 6 7 8 9 10 11 12	NAME AND LOCATION OF HIGH SCHOOL	Do you have a GED or a High School Equivalency Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable			
TRAINING BEYOND HIGH SCHOOL (College or University, Nursing, Business College, or other schools you have attended) Under credits earned, indicate "Q" for Quarter Hours and "S" for Semester Hours		CIRCLE THE NUMBER OF YEARS IN COLLEGE OR UNIVERSITY 1 2 3 4 5 6 7 8			
NAME & LOCATION OF INSTITUTION	DATES ATTENDED	CREDITS EARNED	MAJOR FIELD	GPA/BASE	DEGREE CONFERRED & YEAR
	FROM TO				
Describe any education or training not covered above (vocational school, correspondence courses, service schools, in-service training), which you feel is relevant to the job for which you are applying. Include relevant licenses, certificates or other information you feel might be pertinent to the position. (BE SPECIFIC)					

WORK EXPERIENCE

Give a complete record of any employment, self-employment, military service or volunteer experience. This information will be used to determine if you meet the minimum job qualifications. For all work, show the average number of hours per week, and include a complete description of your job duties. Indicate any change in job title under the same employer as a separate position. You may also attach your resume or additional pages as a supplement to the information you provide in the application.

EMPLOYER	YOUR TITLE	NAME & PHONE NO. OF SUPERVISOR				
ADDRESS OF BUSINESS (Street, City, Zip Code)		REASONS FOR LEAVING				
YOUR DUTIES		SALARY		<input type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUALLY		
		\$				
		FROM (Month & Year)	TO (Month & Year)			
		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME (_____ hours per _____)				
EMPLOYER	YOUR TITLE	NAME & PHONE NO. OF SUPERVISOR				
ADDRESS OF BUSINESS (Street, City, Zip Code)		REASONS FOR LEAVING				
YOUR DUTIES		SALARY		<input type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUALLY		
		\$				
		FROM (Month & Year)	TO (Month & Year)			
		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME (_____ hours per _____)				
EMPLOYER	YOUR TITLE	NAME & PHONE NO. OF SUPERVISOR				
ADDRESS OF BUSINESS (Street, City, Zip Code)		REASONS FOR LEAVING				
YOUR DUTIES		SALARY		<input type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUALLY		
		\$				
		FROM (Month & Year)	TO (Month & Year)			
		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME (_____ hours per _____)				

SUPPLEMENTAL DRIVING APPLICATION
City of Madison Positions Requiring Either a
Driver's License or Commercial Driver's License (CDL)

Name: _____ Date of Birth: _____

1. Do you hold a valid driver's license? Yes No
 License No. _____ State: _____ Expiration Date _____
 If "No," what date will you obtain your license? _____
 Do you have access to a motor vehicle? Yes No

2. Have you held a license in any state other than Wisconsin in the past three (3) years? Yes No
 If "Yes," *IT IS YOUR RESPONSIBILITY* to provide our office with a copy of your *Driving Record Abstract* from that state, other than Wisconsin, within two weeks after the application due date. Please contact our office at (608) 266-4615 if you need assistance.

3. In the past three (3) years have you been convicted of any of the following traffic law violations:

a. Operating a vehicle under the influence of an intoxicant, controlled substance or other drug?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Reckless Driving?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Hit and Run?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Operating a vehicle after suspension or revocation of license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Eluding a Police Officer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4. Do you have any traffic violations pending? Yes No
 Explain _____

5. a. Has your license been revoked, suspended or canceled in the past three (3) years? Yes No
 If "Yes," explain _____
 b. Do you presently hold more than one valid driver's license? Yes No
 If "Yes," explain _____

6. In accordance with the Commercial Motor Vehicle Safety Act of 1986, you are required to list any experience you have had as a commercial vehicle driver within the past ten (10) years.

Do you hold or have you ever held a valid CDL license? Yes No
 License No. _____ State: _____
 Expiration Date _____ CDL Endorsements _____

a. Have you ever been disqualified as a driver under the Federal Motor Vehicle Carrier Safety Standards? Yes No
 If "Yes," explain _____

In accordance with the Commercial Motor Vehicle Safety Act of 1986, a driver is not allowed to operate a commercial motor vehicle if he/she holds more than one license; or if his/her license has been revoked, suspended or canceled; or if he/she has been disqualified as a driver under the Federal Motor Vehicle Carrier Safety Standards.

The Human Resources Department routinely verifies conviction, driving and other information listed on this application form.

VETERAN STATUS: (please check one)

- Non Veteran
- Veteran (DD214 Form must be attached)
- Veteran claiming disability (DD214 Form and Veterans Disability Form must be attached)
- Other (specify service dates): _____

VETERANS PREFERENCE

THE CITY OF MADISON AWARDS VETERAN PREFERENCE POINTS BASED ON THE 1991 WISCONSIN ACT 101. A PREFERENCE SHALL BE GIVEN TO THOSE VETERANS AND TO THOSE SPOUSES OF VETERANS SPECIFIED WHO GAIN ELIGIBILITY ON ANY COMPETITIVE EMPLOYMENT REGISTER AND WHO DO NOT CURRENTLY HOLD A PERMANENT POSITION. VETERANS PREFERENCE MAY BE USED ONLY ONCE TO OBTAIN A PERMANENT POSITION WITH THE CITY OF MADISON. PREFERENCE MEANS THE FOLLOWING:

- Veteran, 10 points shall be added to his or her grade.
- Disabled Wartime Veteran, 15 points shall be added to his or her grade.
- Disabled Wartime Veteran Whose Disability is at least 30%, 20 points shall be added to his or her grade.
- Spouse of a Disabled Wartime Veteran Whose Disability is at least 70%, 10 points shall be added to the spouse's grade.
- Unremarried Spouse of a Veteran Who was Killed in Action, 10 points shall be added to the spouse's grade.
- Unremarried Spouse of a Veteran Who Died of a Service-Connected Disability, 10 points shall be added to the spouse's grade.

Applications that do NOT have the required forms or materials attached at the time of filing will be considered incomplete and will NOT be eligible to receive Veterans Preference Points.

QUALIFYING DATES OF SERVICE: (please check appropriate date(s))

I had active service for at least one day during one of the following wartime periods:

- August 27, 1940 to July 25, 1947
- June 27, 1950 to January 31, 1955
- August 5, 1964 to January 1, 1977
- I served on active duty as a member of the Reserve or National Guard who was ordered to active duty because of the 1961 Berlin Crisis under Section I of Executive Order 10957.
- 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
- Iraq War: March 19, 2003, to date to be determined

I am entitled to the Armed Forces, Navy, or Marine Corps Expeditionary Medal or the Vietnam Service Medal for participation in the following campaigns that occurred within the inclusive dates indicated:

- Lebanon July 1, 1958 to November 1, 1958
- Vietnam July 1, 1958 to August 4, 1964
- Taiwan Straits August 23, 1958 to January 1, 1959
- Quemoy and Matsu..... August 23, 1958 to June 1, 1963
- Congo..... July 14, 1960 to September 1, 1962
- Laos April 19, 1961 to October 7, 1962
- Berlin August 14, 1961 to June 1, 1963
- Cuba..... October 24, 1962 to June 1, 1963
- Lebanon August 1, 1982 to August 1, 1984
- Grenada October 23, 1983 to November 21, 1983
- Operation Just Cause-Panama December 20, 1989 to January 31, 1990
- Operation Restore Hope-Somalia December 9, 1992, to date to be determined
- Bosnia December 1, 1995, to date to be determined
- Middle East Crisis See S.45.01(11)(b), Wis. Stats.
- Peacetime: I served for at least two continuous years on active duty under honorable conditions; or the full period of my initial service obligation; or was discharged or released after less than two years due to hardship; a service-connected disability or a reduction in the armed forces. Service did not have to occur during a specified war period or campaign.

CITY OF MADISON Self-Identification Form

The City of Madison has adopted an Affirmative Action Ordinance and the following information is voluntary and allows us to meet government-reporting requirements and evaluate the effectiveness of our recruitment efforts. The information will be kept confidential and when reported, data will not identify any specific individual. Refusal to provide this information will not subject you to any adverse treatment in accordance with City of Madison policies and ordinances, which forbids discrimination-based on this information.

Last name (print clearly)	First name	Middle name	Date
Application for position of: _____		Department/Division: _____	

VETERAN STATUS: (please check one)

- Non Veteran
 Veteran claiming disability (DD214 Form and Veterans Disability Form must be attached)
 Veteran (DD214 Form must be attached)
 Other (specify service dates): _____

ETHNICITY: (SELECT ONE)

- Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
 Not Hispanic or Latino

RACE: (SELECT ONE OR MORE)

- American Indian or Alaskan Native - A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
 Asian - 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.
 Black or African American - A person having origins in any of the Black racial groups of Africa.
 Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

GENDER: Male Female

DATE OF BIRTH: _____ / _____ / _____
Month Day Year

If you should become a finalist in the hiring process, the City of Madison will require your date of birth. This information is intended for the sole use of a background investigation process for candidates.

SOCIAL SECURITY NUMBER: _____

The provision of your social security number is not mandatory. It will be used only for applicant tracking purposes. If you choose not to provide your SS# at this time, the Human Resources Department will provide you an arbitrary nine-digit number.

DISABILITY: Do you have a disability? Yes No

The City of Madison considers a person with a disability anyone who meets the definition under either the American With Disabilities Act or the Wisconsin Fair Employment Act. You may contact the Occupational Accommodations Specialist at the number listed below if you need additional information.

If you need reasonable accommodation(s) during the application process due to disability related functional limitations, please notify City of Madison Human Resources Occupational Accommodations Specialist at (608) 267-1156; TTY/Textnet (866) 704-2340; sseverson@cityofmadison.com

I need an accommodation in the hiring/examination process: Yes No

If yes, accommodation requested is (i.e., extended time, reader, alternative test format, other): _____

**You will be required to provide written verification from a doctor or other authorized person confirming your disability and indicating reasonable accommodation.

HOW DID YOU LEARN OF THIS VACANCY?

- | | |
|--|---|
| <input type="checkbox"/> City Website (www.cityofmadison.com) | <input type="checkbox"/> City Agency Bulletin Board |
| <input type="checkbox"/> Human Resources Bulletin Board (HR office, walk-in) | <input type="checkbox"/> Word of Mouth (family, friend, employee, etc.) |
| <input type="checkbox"/> Human Resources Job Opportunity Line | <input type="checkbox"/> Local Newspapers |
| <input type="checkbox"/> Madison City Channel | <input type="checkbox"/> Other: _____ |