



CITY OF WEST BEND

APPLICATION FOR EMPLOYMENT

Submit Application To:

City of West Bend, Human Resources

1115 S Main St, West Bend WI 53095

OR Email: hr@ci.west-bend.wi.us

OR: Fax (262)306-3107

Legal Name: _____ <small>(Last Name)</small>	_____ <small>(First Name)</small>	_____ <small>(Middle Name)</small>	Date: _____
List all other names by which you were known: _____			
Street Address: _____		Apt. No.: _____	
City: _____		State: _____	Zip: _____
Home Phone: _____		Cell Phone: _____	Email Address: _____
Position Applied For: _____			
Are you eligible to work in U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Which do you have? <small>(Indicate which you have)</small>		Check here if you have served as a Firefighter/EMT/ Paramedic with another unionized, bargaining unit for at least two years full-time equivalency. If an employment offer is made and you are approved for lateral transfer, consideration will be made for your wages and vacation schedule.	
GED or High School Diploma			
Associate Degree			
Bachelor Degree			
Number of college credits, if no degree _____			
Do you have a valid Drivers License? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expiration Date: _____ Issued in which State: _____	
Have you ever been on active duty in the Armed Forces of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Highest Rank Obtained _____		Branch of Military _____	
Member of Reserves <input type="checkbox"/> Yes <input type="checkbox"/> No Dates _____ to _____			
Do you claim Veterans Preference? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete Veteran's Preference form and attach a DD214 copy)			
If you have any questions regarding your eligibility, contact the Veteran's Service Office at (414) 382-1753.			
Do you have a Commercial Driver's License (CDL)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, indicate types and dates: _____			
Have you ever filed an application for the City of West Bend before?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list date(s): _____			
Are you 18 years of age or older?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
May we contact your current employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION

	Name of School	Location	Course Pursued/Major	Degree or Diploma
High School(s)				
College (s)				
Graduate School				
Miscellaneous Education/Training				

Were you ever expelled or suspended from a school because of disciplinary action?

 Yes

 No

School Name: _____

Type of Action: _____

REFERENCES

Give three references (not relatives) who are responsible adults.

Complete Name	No. of Yrs. Acquainted	Occupation Phone #:
Street	City	State Zip
Address: Residence		
How Acquainted		

Complete Name	No. of Yrs. Acquainted	Occupation Phone #:
Street	City	State Zip
Address: Residence		
How Acquainted		

Complete Name	No. of Yrs. Acquainted	Occupation Phone #:
Street	City	State Zip
Address: Residence		
How Acquainted		

EMPLOYMENT

List chronologically all employment (including summer and part-time employment while attending school.) All time must be accounted for.

If unemployed for any period of time, indicate dates of unemployment. If necessary, attach an additional sheet with information.

Employer (present)	Dates From To	Position and Duties	Reason(s) for Leaving
Street	Salary Beg. End	Supervisor's Name	Phone Number
City, State			
Employer (previous to above)	Dates From To	Position and Duties	Reason(s) for Leaving
Street	Salary Beg. End	Supervisor's Name	Phone Number
City, State			
Employer (previous to above)	Dates From To	Position and Duties	Reason(s) for Leaving
Street	Salary Beg. End	Supervisor's Name	Phone Number
City, State			
Employer (previous to above)	Dates From To	Position and Duties	Reason(s) for Leaving
Street	Salary Beg. End	Supervisor's Name	Phone Number
City, State			

Have you ever been discharged or forced to resign from any position?

Yes

No

If yes, please explain: _____

Additional Information: Choose which type of license or certificate obtained.

EMT License

Firefighter I

CPAT Certificate

National Registry EMT-P

Do you wish to have the information contained in your application remain confidential as permitted by law in accordance with 19.36(7) Wis. Statute?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Have you ever been convicted of <u>any violations other than minor traffic</u> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Convictions are not an automatic bar to employment, but are reviewed in relation to the position in which you applied. Convictions not reported may be cause for discharge.

List ALL violations below (Attach additional sheets if necessary)

Date	Place (City, State)	Charge
Details		Final Disposition
Date	Place (City, State)	Charge
Details		Final Disposition
Date	Place (City, State)	Charge
Details		Final Disposition
Date	Place (City, State)	Charge
Details		Final Disposition

List all foreign languages you speak and understand. _____

I certify that all my answers contained in this application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements may render this application void. If I am employed and it is subsequently discovered that any answer given by me is incomplete, misleading or incorrect, my employment with the City of West Bend may be terminated. I agree that the City of West Bend shall not be held liable in any respect if my employment is terminated because of false, incomplete or misleading statements, answers or omissions made by me in this application.

Signature of Applicant (Do not use nickname)

Date



CITY OF WEST BEND

1115 S MAIN ST

WEST BEND, WI 53095

(262) 306-3107

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)

WEST BEND APPLICATION FOR FIREFIGHTER—AUTHORIZATION AND CERTIFICATION

Please read and initial each of the following statements. If you have a question regarding any of these statements, contact the administrative assistant at the Fire Department prior to initialing and signing the application. Your initials and signature verify that you have read, understand and agree to abide by these statements.

Initial:

____ I understand and agree that the Fire Chief has the authority to require me to maintain licensure as a paramedic for the City of West Bend Fire Department

Initial:

____ I authorize any person contacted to provide the City of West Bend any and all information regarding my employment, education and other information concerning any of the subjects covered by this application which may include, but not be limited to, application of employment, performance evaluations, work records, excluding workers compensation if any, wage rates, supervisors' comments, results of any and all non-medical tests, disciplinary reports or letters, and complaints or allegations regarding any misconduct. I agree to execute release authorization forms as required by the City of West Bend, their officers, agents and employees, and the person(s) providing the information from any liability related to the providing of this information.

Initial:

____ I consent freely and voluntarily to participate in required drug tests and/or a pre-employment physical exam, as well as a psychological exam, at a location selected by the City of West Bend, and consent to the release of the test results to the City of West Bend. I hereby release and hold harmless the City of West Bend, their officers, agents, and employees, and the laboratory, their employees, agents and contractors from any liability whatsoever, arising from the drug tests and/or pre-employment exams and decisions concerning employment based upon the results of the tests.

Initial:

____ I authorize the City of West Bend, its officers, agents, and employees to conduct a background criminal check and a check with the Department of Transportation prior to making a decision regarding employment. I release and hold harmless the City of West Bend, their officers, agents, and employees and the person(s) providing the information from any liability related to the performance or result of this check. I recognize that this information will be considered by the City of West Bend only if it substantially relates to the position applied for.

Initial:

____ If accepted for employment, I agree that my status as an employee depends upon my successful performance. I understand that just as I am free to resign at any time, the City of West Bend reserves the right to terminate my employment at any time. All employees not covered by a collective bargaining agreement are considered at-will employees. You would be an at-will employee during your probationary period.

Initial:

____ I agree to use such personal protective equipment and devices as may be required by the City of West Bend and to comply with safety rules and requirements. In addition, I understand that the City of West Bend maintains a workplace free from drugs, harassment, and violence.

Initial:

____ I understand that nothing contained in the application or any employee handbook, the granting of an interview, or an offer/acceptance of employment constitutes an employment contract. I understand that no representative of the City of West Bend has the authority to make any assurance to the contrary.

Initial:

____ I understand that the City of West Bend has established a condition of employment for all Firefighters which prohibits the use of any tobacco product on or off duty during the entire tenure of employment. By initialing here I accept this policy and understand any violation of this policy in the future is grounds for immediate dismissal.

I hereby certify that all statements made on or in connection with my application are true, complete and correct to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal.

Notice – Wisconsin Open Records Law: under section 19.36(7) of Wisconsin Statutes, the names of the “Final Candidates” must be open to public inspection. The statute also provides that if an applicant does not want his/her name revealed prior to being a “Final Candidate” they can do so by making a separate request in writing.

The City of West Bend is committed to the equality of opportunity for all people. It is the policy of the City of West Bend to provide equal employment opportunities for all individuals on the basis of their skills, abilities and qualifications, without regard to race, color, national origin, religion, political affiliation, sex, age, disability, marital status, arrest or conviction record, sexual orientation, disabled veteran or covered veteran status, membership in the National Guard or any other reserve component of the United States or State military forces, use or nonuse of lawful products off the employer’s premises during non-working hours, or any other non-merit factors, except where such factors constitute a bona fide occupational qualification.

(Applicant’s Signature)

(Date)

CITY OF WEST BEND
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

BIRTHDATE _____ SEX: MALE FEMALE
MONTH DAY YEAR

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 of Hispanic Origin) - All persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not of Hispanic Origin) - 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, the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaskan Native—All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above six 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
- Present City employee
- Referred by Wisconsin Job Service

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

(Applicant's Signature)

(Date)