



Milwaukee Metropolitan Sewerage District

260 W. Seeboth Street, Milwaukee, WI 53204-1446

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www.mmsd.com

Application for Employment

MMSD IS COMMITTED TO EQUAL EMPLOYMENT OPPORTUNITY AND TO NONDISCRIMINATION
IN ALL ASPECTS OF THE EMPLOYMENT RELATIONSHIP

Instructions:

1. **Electronically date and sign this application. (APPLICATION WILL BE CONSIDERED INVALID IF ELECTRONIC SIGNATURE IS MISSING).**
2. **Completely fill in all pages as requested.**
3. **If additional space is needed to respond to requested information, attach separate sheets.**

Note: Compliance with the District's residency policy is required within one year of appointment. District policy also prohibits the employment of an "immediate family member" in a position which involves supervision by or supervision of another "immediate family member." Questions regarding residency, the employment of family members, or any other District employment policies should be directed to the District's Human Resources Department.

Position Desired: _____ **Date:** _____

Name: _____

Address: _____

City, State, Zip: _____

Home/Cell Phone: _____ **Work Phone:** _____

Email Address: _____

List any licenses, registrations, or certificates you possess which you believe are relevant to your credentials for employment by the District (such as driver's, professional engineer's, CPA, journeyman's, first aid/AED/CPR, etc.):

Education Record

Did you graduate from high school? Yes No **Name and Location:** _____

If no, what was the highest grade you completed: _____

Have you passed a High School Equivalency or G.E.D. Test? Yes No Not Applicable

List training beyond high school (college or university, business college, trade school, etc.) which is relevant to your credentials for employment by the District.

Name and Location	Dates Attended	Credits Earned	Major Fields of Study	Degree

Employment Record

Beginning with present or most recent, it is in your best interest to fill out the duties & responsibilities section completely on this form. List all temporary, full and part-time employment held by you in the past ten years (include experience, if any, in the Armed Forces) and any other employment which you believe is relevant to the position for which you are applying. Please explain all gaps in employment not accounted for, include dates and explanations. The District will contact you before information is sought from your current employer.

From (Mo-Yr): _____ to (Mo-Yr): _____ Job Title or Occupation: _____

Company Name and Address: _____

Telephone Number: _____

Description of Your Duties: _____

Highest Salary Earned \$: _____ per _____ Full Time Part Time

Reason for Leaving: _____

From (Mo-Yr): _____ to (Mo-Yr): _____ Job Title or Occupation: _____

Company Name and Address: _____

Telephone Number: _____

Description of Your Duties: _____

Highest Salary Earned \$: _____ per _____ Full Time Part Time

Reason for Leaving: _____

From (Mo-Yr): _____ to (Mo-Yr): _____ Job Title or Occupation: _____

Company Name and Address: _____

Telephone Number: _____

Description of Your Duties: _____

Highest Salary Earned \$: _____ per _____ Full Time Part Time

Reason for Leaving: _____

From (Mo-Yr): _____ to (Mo-Yr): _____ Job Title or Occupation: _____

Company Name and Address: _____

Telephone Number: _____

Description of Your Duties: _____

Highest Salary Earned \$: _____ per _____ Full Time Part Time

Reason for Leaving: _____

READ, UNDERSTAND, ELECTRONICALLY SIGN AND DATE IF YOU AGREE

(This certification must be electronically signed before you can be considered for employment. If and when you are invited for an interview you will be asked to provide a written signature for this application).

I hereby affirm that the information I have provided in this entire application, including any and all supplementary information, are true, correct and complete to the best of my knowledge. I understand that if any of the information provided on this application form is discovered to be false, misleading, incorrect or incomplete in any sense that the Milwaukee Metropolitan Sewerage District (MMSD) may disqualify me from further evaluation and/or employment or, if I am employed by MMSD, terminate my employment if discovery is made. I agree that MMSD and all of its personnel shall not be liable in any respect if it or they do so. I authorize MMSD personnel to investigate and consent to any and all investigations for purposes of evaluating all of the information provided by me in this entire application.

I understand that applications submitted electronically are not valid unless I enter my full name in the signature field below. I agree that the entry of my name below constitutes an electronic signature. I understand and agree that if invited for an interview, I will be required to provide a written signature for this application.

Full Name

_____Date

I acknowledge that I have read, understand and agree to the above.

Signature

_____Date



Criminal History Declaration Form

1. The following information is required of all applicants and requested solely to enable the Milwaukee Metropolitan Sewerage District to make inquiries to appropriate government officials regarding possible criminal records or pending criminal charges which may be of relevance to the District's decision to hire or promote an applicant or employee in or to a particular position. Any criminal record information obtained by the District will be used only in accordance with applicable law. Information provided regarding gender and date of birth will not be used by or available to persons responsible for making a hiring or promotion decision regarding you.

Position Desired: _____

Name: _____
Last First Middle

Previous Name(s) (if any): _____

Gender: Male Female

Date of Birth: _____ Social Security Number: _____
Month/Day/Year

2. List all criminal convictions, charges pending in any federal, state or municipal court, or in any military tribunal, other than minor traffic violations (note: information provided in response to this question will not constitute an automatic bar to employment; each case is considered on its own individual circumstances and in accordance with applicable law):

Date	Charge	Place	Action Taken

I understand that applications submitted electronically are not valid unless I enter my full name in the signature field below. I agree that the entry of my name below constitutes an electronic signature. I understand and agree that if invited for an interview, I will be required to provide a written signature for this application.

Full Name _____ Date _____

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

Signature _____ Date _____



Affirmative Action Form

Supplementary Applicant Information

Providing the information requested on this page is not mandatory; however, your providing it will be greatly appreciated. Upon receipt, this page will be separated from the rest of your application, forwarded to Human Resources, but stored separately from other personnel records.

1. The information in this section (Section 1) is requested for District record-keeping and reporting commitments only. Information provided regarding gender, date of birth and race will not be used by or available to persons responsible for making a hiring decision regarding you.

Name: _____
Last First Middle

Address: _____

City, State, Zip: _____

Gender: Male Female

Date of Birth: _____ Social Security Number: _____
Month/Day/Year

Position Applied For: _____

Race/Ethnic Identification - Please Check One

- WHITE:** (Not of Hispanic Origin): Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- AFRICAN-AMERICAN:** (Not of Hispanic Origin): Persons having origins in any of the Black racial groups of Africa.
- HISPANIC:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- ASIAN OR PACIFIC ISLANDERS:** Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands.
- NATIVE AMERICAN OR ALASKAN NATIVE:** Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

2. Recruiting Information - How did you hear about this job?

- Newspaper, Internal Posting, Current Employee, by whom: _____ Job Service,
- Community Agency, Internet, which site: _____ Other _____

3. The information in this section is requested and will be used only to facilitate compliance with any policies or laws supporting the employment of current or former active-duty members of the Regular Armed Forces of the United States (The District may require persons completing this optional section to present appropriate papers evidencing their service).

Indicate whether you have served on active duty for other than training purposes in the U.S. Army, Navy, Marines, Coast Guard or Air Force.

Yes No Branch of Service: _____ Dates of Service: From _____ To _____

I understand that applications submitted electronically are not valid unless I enter my full name in the signature field below. I agree that the entry of my name below constitutes an electronic signature. I understand and agree that if invited for an interview, I will be required to provide a written signature for this application.

Full Name _____ Date _____

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

Signature _____ Date _____