



**CITY CLERK'S OFFICE - DEPARTMENT OF ADMINISTRATION  
EMPLOYMENT APPLICATION**

2000 North Calhoun Road  
Brookfield, Wisconsin 53005-5095  
(262) 782-9650 City Hall Main Number (262) 796-6653 City Clerk's Office Direct Number  
(262)-796-6642 Human Resources Department Human Resources Fax (262) 796-6682

THE CITY, IN ACCORDANCE WITH FEDERAL, STATE AND LOCAL LAWS DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, RELIGION, COLOR, SEX, NATIONAL ORIGIN, PHYSICAL OR MENTAL HANDICAP OR DISABILITY, CREED, SEXUAL ORIENTATION, ANCESTRY, ARREST OR CONVICTION RECORD, CITIZENSHIP STATUS, MARITAL STATUS, VETERAN STATUS OR MEMBERSHIP IN THE NATIONAL GUARD, STATE DEFENSE FORCE, OR ANY RESERVE COMPONENT OF THE MILITARY FORCES OF THE UNITED STATES OR WISCONSIN, OR ANY OTHER CHARACTERISTIC PROTECTED BY LAW. THE CITY ALSO IS REQUIRED BY LAW, BECAUSE OF ITS ASSOCIATION WITH THE FEDERAL GOVERNMENT, TO TAKE AFFIRMATIVE ACTION TO EMPLOY WOMEN, MINORITIES, OTHERWISE QUALIFIED INDIVIDUALS, AND VIETNAM/DISABLED VETERANS, THE CITY IS AN EQUAL OPPORTUNITY EMPLOYER.

(PRINT) LAST NAME	FIRST	M	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU UNDER 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PRESENT ADDRESS		CITY	STATE	ZIP	PHONE NUMBER
HAVE YOU PREVIOUSLY APPLIED AT OR BEEN EMPLOYED BY THE CITY OF BROOKFIELD? IF YES EXPLAIN: <input type="checkbox"/> YES <input type="checkbox"/> NO			HAVE YOU EVER BEEN CONVICTED OF, OR DO YOU CURRENTLY HAVE A CHARGE PENDING, FOR ANY FELONY, MISDEMEANOR OR OTHER CRIMINAL OFFENSE EXCLUDING MINOR TRAFFIC VIOLATIONS? IF YES, EXPLAIN: YES <input type="checkbox"/> NO <input type="checkbox"/>		
HOW DID YOU FIND OUT ABOUT US?			EMAIL ADDRESS		

**EDUCATION**

SCHOOL	NAME & LOCATION OF SCHOOL	GRADUATE? YES OR NO	DEGREE RECEIVED	MAJOR FIELD OF STUDY
HIGH				
COLLEGE				

**WORK HISTORY** (LIST ALL PAST PERIODS OF EMPLOYMENT, LISTING MOST RECENT EMPLOYER FIRST AND SO ON)

DATES OF EMPLOYMENT MONTH & YEAR	1. NAME OF COMPANY 2. ADDRESS OF COMPANY 3. IMMEDIATE SUPERVISOR & PHONE #	JOB TITLE & TYPE OF WORK PERFORMED	WAGE OR SALARY	REASON FOR LEAVING	MAY A REFERENCE BE MADE WITH THIS EMPLOYER? YES OR NO
FROM: TO	1. _____ 2. _____ 3. _____				IF NO, PLEASE EXPLAIN:
FROM: TO	1. _____ 2. _____ 3. _____				IF NO, PLEASE EXPLAIN:
FROM: TO	1. _____ 2. _____ 3. _____				IF NO, PLEASE EXPLAIN:
FROM: TO	1. _____ 2. _____ 3. _____				IF NO, PLEASE EXPLAIN:

**Acknowledgement of Truthfulness**

I certify that the answers and information contained in this application (and accompanying resume, if any) are true and correct to the best of my knowledge. I understand that falsification, misleading statements, or omissions concerning this application (and accompanying resume, if any) disqualifies me from further consideration and if discovered after hire will result in termination of my employment. I understand that the City of Brookfield shall not be held liable in any way for my termination because of the falsity or misleading nature of statements, omissions or answers given by me on this application (and accompanying resume, if any).

**At Will Employment**

I understand that filling out this application does not obligate the City of Brookfield to offer me a job. I understand and acknowledge that my employment, benefits, and compensation are "at-will" and can be terminated with or without cause for any reason consistent with applicable state and federal law, city ordinance, or collective bargaining agreement, and with or without notice at the option of the City of Brookfield or myself. I understand this application is not a contract of employment, express or implied. I understand no representative of the City of Brookfield other than the Common Council of the City of Brookfield has any authority to enter in to any oral or written agreement for employment for any specified period of time or to negotiate any agreement contrary to the foregoing.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATED \_\_\_\_\_