



## Instructions to the Applicant

- You must fill out the form completely and accurately.
- Type or legibly print (in ink) all required information.
- If a question does not apply to you, enter N/A (not applicable) in the first space provided for your response.
- If you are completing a printed form and need more space for your responses, use the reverse side of the page and identify the additional information by the question number.
- Initial this page to indicate you have read these instructions and all pages on which you read or provide information.

### Accurate and Full Disclosure

Keep in mind that:

1. The completion of this Application – Clerk/Dispatcher is mandatory in accordance with this posting process.
2. All statements are subject to verification.
3. Deliberate inaccuracies or incomplete statements may bar or remove you from consideration for employment.

### DISCLOSURE OF MEDICALLY-RELATED INFORMATION

**DO NOT divulge information concerning physical or medical conditions, either past or current.** The *Americans with Disabilities Act* prohibits employers from making medically-related inquiries prior to a conditional offer of employment.

**APPLICATION / Clerk-Dispatcher**



**GENERAL DUTIES:** The primary function of the clerk/dispatcher is to receive and dispatch emergency and non-emergency requests for police, fire, and emergency medical services. Clerk/dispatchers handle public inquires at the transaction window; accept payments for fines, stipulations, bails, parking permits, licenses, etc. They operate police radio communications and all TIME System telecommunications equipment; maintain department records using both computerized and manual filing systems and monitor municipal lock-up facilities via closed circuit television.

**KNOWLEDGE, SKILLS & ABILITIES SUMMARY:** (not limited to) The ability to read, write, and speak English fluently; speak clearly; hear and understand radio, telephone, and verbal communications; vision capable of reading documents and operating the equipment in the work area; ability to sit for long periods of time and work in an enclosed area; ability to remain in control and work under stressful situations; ability to mentally retain information on a short and long term basis; ability to comprehend and follow oral and written instructions and to think and react quickly in all types of situations; ability to organize and execute assigned tasks; ability to compile, analyze, record and assemble data and information in a meaningful and effective manner and make good decisions and judgments; ability to perform several functions in rapid succession or at the same time; ability to tactfully and courteously communicate with callers in emergency situations and/or altered mental states; ability to learn and operate various types of equipment used in the assigned duties; ability to learn and apply the proper methods, techniques, procedures, rules, regulations, and policies governing call taking; and **must be able to work with little or no supervision.**

**MINIMUM QUALIFICATIONS:** U.S. citizen; Minimum age - 18; High school diploma; No felony convictions; good moral character. Candidates must also be able to work mandatory overtime.

**DUTY HOURS:** Fulltime rotating schedule 5 on 2 off 4 on 2 off. 2 Open shifts – Early ( 4pm to midnight) and Early Late Split ( 2-4pm to midnight & 2 or 3 midnight to 8am).

**SALARY & BENEFITS:** Salary and benefits are established by the Village Personnel Board. The wage range is \$22.53 per hour to \$28.88 depending on qualifications. This position will require a training period depending on the level of experience. Training will be completed on a fulltime work schedule. Questions about training can be directed to Holly Young at [holly.young@westmilwaukee.org](mailto:holly.young@westmilwaukee.org).

**BENIFITS**

- Health Insurance
- Dental Insurance
- Vacation
- Sick Leave
- 11 Paid Holidays
- Wisconsin Retirement System
- Life Insurance
- Deferred Compensation Plans

Application materials are available at <http://www.westmilwaukee.org>; via email from [holly.young@westmilwaukee.org](mailto:holly.young@westmilwaukee.org) **The applications will be processed as they come in with a deadline of February 28, 2022 at 5PM.**

The Village of West Milwaukee is an Equal Opportunity Employer and does not discriminate against individuals on the basis of race, color, religion, age, marital or veteran's status, sex, national origin, disability, or any other legally protected status in the admission or access to or treatment or employment in its services, programs or activities.

**SECTION 1: PERSONAL**

1. YOUR FULL NAME  
LAST FIRST MIDDLE

2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY

3. ADDRESS WHERE YOU RESIDE  
STREET APT/UNIT  
CITY STATE ZIP

4. MAILING ADDRESS, IF DIFFERENT FROM RESIDENCE

5. CONTACT NUMBERS  
HOME ( ) - WORK ( ) - EXT OTHER ( ) -  CELL  FAX  PAGER

6. EMAIL ADDRESS  
HOME BUSINESS

**NOTE:** Each Position classification listed below has a specific citizenship requirement:

- **Police Clerk/Dispatcher** – Must be a United States Citizen

7. DO YOU MEET THE CITIZENSHIP REQUIREMENT FOR THE POSITION CLASSIFICATION YOU ARE SEEKING?  YES  NO

8. SOCIAL SECURITY NUMBER - -

9. BIRTHDATE

10. PHYSICAL DESCRIPTION  
HEIGHT WEIGHT LBS HAIR COLOR EYE COLOR

**SECTION 2: EDUCATION**

11. CHECK THE APPROPRIATE BOX(ES):

I possess a high school diploma from an accredited U.S. institution.

I have passed the GED equivalency test.

I have passed the Wisconsin High School Proficiency Examination.

I possess at least 60 college credits, or have a 2-year or 4-year degree from an accredited college or university.

I currently do not have a high school diploma or its equivalent, but I plan to satisfy this requirement in the future as follows:

WHEN \_\_\_\_\_

WHERE \_\_\_\_\_

HOW \_\_\_\_\_

**PERSONAL HISTORY STATEMENT**

Section 3: Education, continued

**NOTE:** During the background investigation, persons who have known you in a learning environment may be contacted, and a review of your school records will be made.

12. LIST ALL SCHOOLS ATTENDED BEGINNING WITH HIGH SCHOOL..

INSTITUTE / REFERENCES	COMPLETE ADDRESS	DATES ATTENDED		RECEIVED
A) NAME	STREET	FROM	TO	<input type="checkbox"/> DEGREE
	CITY	STATE	ZIP	<input type="checkbox"/> DIPLOMA
				<input type="checkbox"/> CERTIFICATE
REFERENCES (TEACHERS, COUNSELORS, ETC.)				
B) NAME	STREET	FROM	TO	<input type="checkbox"/> DEGREE
	CITY	STATE	ZIP	<input type="checkbox"/> DIPLOMA
				<input type="checkbox"/> CERTIFICATE
REFERENCES (TEACHERS, COUNSELORS, ETC.)				
C) NAME	STREET	FROM	TO	<input type="checkbox"/> DEGREE
	CITY	STATE	ZIP	<input type="checkbox"/> DIPLOMA
				<input type="checkbox"/> CERTIFICATE
REFERENCES (TEACHERS, COUNSELORS, ETC.)				
D) NAME	STREET	FROM	TO	<input type="checkbox"/> DEGREE
	CITY	STATE	ZIP	<input type="checkbox"/> DIPLOMA
				<input type="checkbox"/> CERTIFICATE
REFERENCES (TEACHERS, COUNSELORS, ETC.)				

13. HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FROM ANY POST-SECONDARY SCHOOL?

*Post-secondary schools include 2-year and 4-year colleges, universities, and business and vocational schools — any formal education beyond the high school level. This also includes any police basic academies from which you may have been dismissed.*

YES  NO IF YES, GIVE DETAILS BELOW.

WHEN DID DISCIPLINARY ACTION OCCUR?	NAME OF SCHOOL
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EXPLAIN CIRCUMSTANCES

**SECTION 3: EXPERIENCE AND EMPLOYMENT**

14. BEGINNING WITH YOUR MOST CURRENT, LIST ALL JOBS YOU HAVE HAD, INCLUDING PART-TIME, TEMPORARY AND VOLUNTEER POSITIONS.  
*If you have had military experience, which includes reserve duty, enter your military base, assignments or unit of assignment.*

**EMPLOYMENT HISTORY**

A) FROM	TO	NAME OF COMPANY OR UNIT	PHONE	EXT	CURRENT SUPERVISOR
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		STREET ADDRESS OR BASE	(    )    -		CO-WORKERS
<input type="checkbox"/> TEMP <input type="checkbox"/> VOLUNTEER		CITY	STATE	ZIP	1)
DUTIES / ASSIGNMENTS					2)
					REASON FOR LEAVING
<hr/>					
B) FROM	TO	NAME OF COMPANY OR UNIT	PHONE	EXT	CURRENT SUPERVISOR
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		STREET ADDRESS OR BASE	(    )    -		CO-WORKERS
<input type="checkbox"/> TEMP <input type="checkbox"/> VOLUNTEER		CITY	STATE	ZIP	1)
DUTIES / ASSIGNMENTS					2)
					REASON FOR LEAVING
<hr/>					
C) FROM	TO	NAME OF COMPANY OR UNIT	PHONE	EXT	CURRENT SUPERVISOR
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		STREET ADDRESS OR BASE	(    )    -		CO-WORKERS
<input type="checkbox"/> TEMP <input type="checkbox"/> VOLUNTEER		CITY	STATE	ZIP	1)
DUTIES / ASSIGNMENTS					2)
					REASON FOR LEAVING
<hr/>					
D) FROM	TO	NAME OF COMPANY OR UNIT	PHONE	EXT	CURRENT SUPERVISOR
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		STREET ADDRESS OR BASE	(    )    -		CO-WORKERS
<input type="checkbox"/> TEMP <input type="checkbox"/> VOLUNTEER		CITY	STATE	ZIP	1)
DUTIES / ASSIGNMENTS					2)
					REASON FOR LEAVING

**PERSONAL HISTORY STATEMENT**

Section 5: Experience and Employment - Item 18, continued

**EMPLOYMENT HISTORY**

E) FROM	TO	NAME OF COMPANY OR UNIT	PHONE ( ) -	EXT	CURRENT SUPERVISOR
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMP <input type="checkbox"/> VOLUNTEER		STREET ADDRESS OR BASE			CO-WORKERS 1)
		CITY	STATE	ZIP	2)
DUTIES / ASSIGNMENTS					REASON FOR LEAVING
F) FROM	TO	NAME OF COMPANY OR UNIT	PHONE ( ) -	EXT	CURRENT SUPERVISOR
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMP <input type="checkbox"/> VOLUNTEER		STREET ADDRESS OR BASE			CO-WORKERS 1)
		CITY	STATE	ZIP	2)
DUTIES / ASSIGNMENTS					REASON FOR LEAVING
G) FROM	TO	NAME OF COMPANY OR UNIT	PHONE ( ) -	EXT	CURRENT SUPERVISOR
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMP <input type="checkbox"/> VOLUNTEER		STREET ADDRESS OR BASE			CO-WORKERS 1)
		CITY	STATE	ZIP	2)
DUTIES / ASSIGNMENTS					REASON FOR LEAVING
H) FROM	TO	NAME OF COMPANY OR UNIT	PHONE ( ) -	EXT	CURRENT SUPERVISOR
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMP <input type="checkbox"/> VOLUNTEER		STREET ADDRESS OR BASE			CO-WORKERS 1)
		CITY	STATE	ZIP	2)
DUTIES / ASSIGNMENTS					REASON FOR LEAVING

15. WOULD ANY PROBLEM RESULT IF YOUR PRESENT EMPLOYER IS CONTACTED DURING THE COURSE OF THE BACKGROUND INVESTIGATION?

YES     NO    IF YES, EXPLAIN.

Section 5: Experience and Employment, continued

16. IF YOU HAVE NO PRIOR EMPLOYMENT, EXPLAIN.

Initial this page: \_\_\_\_\_

West Milwaukee Police Department  
**PERSONAL HISTORY STATEMENT**

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17. HAVE YOU EVER BEEN DISCIPLINED AT WORK INCLUDING VERBAL WARNINGS AND FOR A VIOLATION OF ANY EQUAL EMPLOYMENT RIGHTS COMPLAINTS?

*This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions.*

YES  NO IF YES, GIVE DETAILS BELOW.

WHEN? NAME OF EMPLOYER

WHY?

18. HAVE YOU EVER BEEN FIRED, RELEASED FROM PROBATION, OR ASKED TO RESIGN FROM ANY PLACE OF EMPLOYMENT FOR A VIOLATION OF A SERIOUS CRIME?

YES  NO IF YES, GIVE DETAILS BELOW.

WHEN? NAME OF EMPLOYER

WHY?

19. HAVE YOU EVER APPLIED TO BE A DISPATCHER WITH ANOTHER AGENCY?

YES  NO IF YES, INCLUDE THE NAME OF THE AGENCY, WHEN YOU APPLIED, AND WHETHER THE APPLICATION IS STILL PENDING.

*If you were unsuccessful for other than medical reasons, explain the circumstances.*

**SECTION 4: MILITARY EXPERIENCE**

20. IF YOU ARE MALE AND BORN BEFORE MARCH 29, 1957 OR AFTER DECEMBER 31, 1959, AND ARE A CITIZEN OF THE UNITED STATES, OR YOU WERE A RESIDENT OF THE UNITED STATES ON YOUR 18TH BIRTHDAY, PROVIDE YOUR SELECTIVE SERVICE NUMBER.

SELECTIVE SERVICE NUMBER

21. HAVE YOU EVER SERVED IN ONE OF THE FOLLOWING? IF YES, FILL IN BOXES 26 THROUGH 30.

ARMED FORCES  NATIONAL GUARD  MILITARY RESERVES

22. BRANCH OF SERVICE

23. DATES OF SERVICE

24. TYPE OF DISCHARGE

FROM

TO

25. CURRENT STATUS

ARE YOU CURRENTLY PARTICIPATING IN ONE OF THE FOLLOWING?  MILITARY RESERVE  NATIONAL GUARD

26. HAVE YOU EVER BEEN THE SUBJECT OF ANY JUDICIAL OR NON-JUDICIAL DISCIPLINARY ACTION?

YES  NO IF YES, GIVE DETAILS BELOW.

APPROX DATE

BRANCH OF SERVICE

EXPLAIN CIRCUMSTANCES

Initial this page: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT**

**SECTION 5. CERTIFICATION**

I hereby certify that I have personally completed each page of this form and any supplemental page(s) I have attached, and that all statements made on each and every page are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification, or, if I have been appointed, may disqualify me from continued employment.

SIGNATURE IN FULL

DATE