



MAYOR'S OFFICE

Dan Devine
Mayor

414/302-8290
414/302-8207 (Fax)

City Hall
7525 West Greenfield Avenue
West Allis, Wisconsin 53214

ddevine@ci.west-allis.wi.us
www.ci.west-allis.wi.us

July 26, 2012

Honorable Members of the
West Allis Common Council
7525 W. Greenfield Ave.
West Allis WI 53214

Dear Honorable Members of the West Allis Common Council:

This letter is to inform you that I am recommending the appointment of Ms. Sally Nusslock as the Health Commissioner of the City of West Allis. As you know, Ms. Nusslock has served as Acting Health Commissioner since September, 2011. During her full tenure with the City of West Allis Health Department, her performance reviews reflect positive performance.

There are several reasons I feel Ms. Nusslock is the best candidate for this position. Ms. Nusslock has done a commendable job in her dual role as Acting Health Commissioner and as Director of Community Health Services over the last eleven months. She has addressed tasks and issues left open by her predecessor and has kept the Health Department on track with all required activities and reporting. She has responded to areas of concern expressed by alderpersons, other departments, and members of the community. She has worked with the City's Transition Team on issues related to the Health Department and Senior Center. Under her leadership, the West Allis Health Department is on track to be one of the first accredited health departments in the nation.

Along with her demonstrated abilities and leadership in the role of Acting Health Commissioner, Ms. Nusslock also has the education and experience to meet the requirements for a Health Commissioner of a Level 3 Health Department (see attached application and resume). She has worked for the City of West Allis since 1991 and during that time, has successfully taken on roles of increasing complexity and responsibility. In addition, she has covered almost every position at the Health Department due to vacancies and/or illness.

I respectfully ask your approval of my recommended appointment. Please feel free to contact me if you have any questions or need further information or clarification.

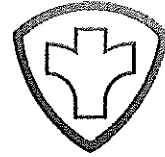
Respectfully submitted,

A handwritten signature in cursive script that reads "Dan Devine".

Dan Devine,
Mayor

DD:jfw

cc: Sally Nusslock
Paul M. Ziehler
Audrey Key
Ald. Reinke
Ald. Lajsic



Public Health
Prevent. Promote. Protect.

West Allis Health Department

Memorandum

To: Mayor Dan Devine
From: Sally Nusslock R.N., Acting Health Commissioner
Date: February 13, 2012
Re: Health Commissioner Position

RECEIVED

FEB 14 2012

CITY OF WEST ALLIS
MAYOR

Dear Dan,

I would like to thank you for the opportunity you have given me to be the Acting Health Commissioner for the City of West Allis.

For the past five months I have kept up with my dual role as Acting Health Commissioner and as Director of Community Health Services. I believe I have done a commendable job in addressing outstanding issues left open by my predecessor and keeping us on track with all required activities and reporting. I have addressed areas of concerns expressed by alderpersons, other departments and members of the community. I have worked with Paul Ziehler and the Transition Team on issues related to the Health Department and Senior Center. We are on track to be one of the first accredited health departments in the nation.

In the last five months I have demonstrated I would be an excellent candidate to fill the Health Commissioner position. I have the education and the experience to meet the requirements for a Health Commissioner of a Level 3 Health Department. I have worked for the City of West Allis since 1991. In that time, I have successfully taken on roles of increasing complexity and responsibility. In addition I have covered almost every position at the Health Department due to vacancies and/or illness.

I am therefore requesting your consideration for permanently appointing me as the Health Commissioner for the City of West Allis. Attached is my application and resume for your review and am available at your convenience to discuss this request.

Thank you!

Sally Nusslock
Acting Health Commissioner

[Applicant Home](#) |
 [Account](#) |
 [Application\(s\)](#) |
 [Student Home](#) |
 [Register](#) |
 [Academic Record](#) |
 [Intent to Graduate](#) |
 [Evaluations](#) |
 [Support](#) |
 [Calendar](#)

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Cumulative GPA: 3.7

GPA Credits: 3

Total Credits: 3





[Request Transcript](#) |
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Programs:

- Admitted: 08/15/2011
- Non-Degree
- GPA: 3.7
- Total Credits: 3

Fall 2011 (Confirmed)	Section	Course Name	Grade	Credits	Codes	Notes
Public Health	18203B	Public Health Administration	A-	3.0		
<p> Fall Term Credits: 3 GPA: 3.7 Tuition Paid: Yes AMA Discount: No Status: Part-Time </p>						
<p> Admitted to Non-Degree on 08/15/2011 Total Tuition: \$2,130.00 </p>						

[Exit](#)

- Transfer 
- Withdrawl 
- Repeat 
- Other 

Sally Nusslock

Work Experience	September 2011 – Current	City of West Allis	West Allis, WI
	Acting Health Commissioner		
	2003 – Current	City of West Allis	West Allis, WI
	Director of Community Health Services		
	1995 - 2003	City of West Allis	West Allis, WI
Assistant Director of Community Health Services			
1991–1995	City of West Allis	West Allis, WI	
Public Health Nurse			
1981–1991	St Joseph’s Hospital	Milwaukee, WI	
Registered Nurse			
Education	2011 –2011	Medical College of WI	
		<ul style="list-style-type: none">• Public Health Administration	
	2006 –2006	Penn State	
		<ul style="list-style-type: none">• HLS 410, Public Health Preparedness for Disaster and Terrorist Emergencies I	
	2005 – 2006	University of North Carolina – Chapel Hill, NC	
		<ul style="list-style-type: none">• Management Academy	
	2000 - 2001	University of North CarolinaChapel Hill, NC	
		<ul style="list-style-type: none">• Certificate in Core Public Health Concepts	
1999 - 2000	University of Illinois	Chicago, IL	
	<ul style="list-style-type: none">• Mid-American Public Health Leadership Institute		
1996	University of WI – Milwaukee		
	<ul style="list-style-type: none">• Statistics Methods		
1986–1988	Carroll College	Waukesha, WI	
	<ul style="list-style-type: none">• Bachelor of Science - Nursing		



Human Resources Division
7525 West Greenfield Avenue
West Allis, Wisconsin 53214

Exam No. _____

Telephone: 414-302-8270
Fax: 414-302-8275
www.ci.west-allis.wi.us

City of West Allis An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

IMPORTANT: READ THE INSTRUCTIONS CAREFULLY BEFORE FILLING OUT YOUR APPLICATION. EXCEPT WHERE NOTED, ALL REQUESTED INFORMATION MUST BE FURNISHED. THE INFORMATION YOU GIVE WILL BE USED TO DETERMINE YOUR QUALIFICATIONS FOR EMPLOYMENT. PLEASE TYPE OR PRINT.

Dates of unavailability (If you are planning to be out-of-town within the next 90 days, please indicate the dates you will not be available):

Position applied for Health Commissioner

Name Nusslock Sally Jean
(LAST) (FIRST) (MIDDLE)

Social Security Number _____

Other names under which you have been legally known Sally Jean Peterson

Address 3021 S. Waukeshan Rd, West Allis, WI, 53227
(STREET) (CITY) (STATE) (ZIP)

Phone Number: Home 414-545-2544 Cell 414-587-6238

E-Mail Address snusslock@westalliswi.gov

Are you at least 18 years old? Yes No

Do you have the legal right to live and work in the United States? Yes No

Do you wish to have the information contained in your application materials remain confidential as permitted by law? Yes No

If the job requires use of a motor vehicle, do you have a valid Wisconsin Driver's License? Yes No

If the job requires use of a Commercial Driver's License (CDL), do you have a valid CDL? Yes No

List CDL classification(s) and/or endorsement(s) _____

Were you in the U.S. Armed Forces? Yes No If yes, what branch? _____

Dates of duty: From _____ To _____ Rank at discharge _____
(MO) (DAY) (YEAR) (MO) (DAY) (YEAR)

EDUCATION AND TRAINING:

Do you have a High School Diploma? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Name & Location of High School: <u>Milw. Lutheran H.S.</u> <u>Waukesha, WI</u> Year Graduated: <u>1975</u>	Do you have a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No From Where: _____ _____ Completion Date: _____	If no High School Diploma or GED, circle the highest grade or year completed: 6 7 8 9 10 11 12
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Training Beyond High School (Technical College, College, University, or other schools you have attended)

Name and Location	Dates Attended		Graduated	Degree Conferred	Major
	From	To			
<u>Medical College of WI</u>	<u>9/2011</u>	<u>Present</u>	<input type="checkbox"/> Yes _____ Year <input checked="" type="checkbox"/> No		<u>Public Health</u>
<u>Penn State</u>	<u>1/2006</u>	<u>5/2006</u>	<input type="checkbox"/> Yes _____ Year <input checked="" type="checkbox"/> No		<u>Emergency Preparedness</u>
<u>University of North Carolina - Chapel Hill</u>	<u>9/2000</u>	<u>8/2001</u>	<input checked="" type="checkbox"/> Yes _____ Year <input type="checkbox"/> No	<u>Certificate in core Public Health concepts</u>	
<u>Carroll College - Waukesha</u>	<u>9/1986</u>	<u>8/1988</u>	<input checked="" type="checkbox"/> Yes _____ Year <input type="checkbox"/> No	<u>BSN</u>	<u>Nursing</u>

List any other education, training, license(s) and/or certificate(s) – be specific and include dates.

Registered Nurse, CPR, 1st Aid
Computers - Microsoft Suite, CUMIC Supervisory Training
MARSHALL Leadership Institute Management Academy (UNC)

WORK HISTORY:

Give a complete record of any employment, self-employment, military service and/or volunteer work you have had in the past 10 years. You may include positions beyond the 10-year period if they are related to the position for which you are applying. Start with your current or most recent job. Indicate any change in job title under the same employer as a separate position. **ALTHOUGH RESUMES ARE WELCOME, THEY MAY NOT BE SUBSTITUTED FOR THE INFORMATION REQUESTED BELOW.**

PRESENT OR MOST RECENT EMPLOYER <u>City of West Allis - Health</u>	ADDRESS OF BUSINESS (STREET AND CITY) <u>7120 W. National Ave</u>	KIND OF BUSINESS <u>Public Health</u>
YOUR TITLE <u>Acting Health Commissioner</u>	REASONS FOR LEAVING <u>Seeking Permanent appointment</u>	NAME, TITLE & PHONE NO. OF SUPERVISOR <u>Mayor Dan Devine</u>
YOUR DUTIES <u>Oversight of all programs & staff at the Health Department, Senior Center & Farmers Market</u>		FROM (MO. & YR.) <u>9/2011</u>
<u>Budget Management. Pilot accreditation process, communicable disease management.</u>		TO (MO. & YR.) <u>Present</u>
		<input checked="" type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
		(____) HRS. PER (____)
		ACTUAL HOURLY RATE/SALARY STARTING _____ ENDING _____
		<u>\$46¹²</u> PER HR \$ _____ PER _____

EMPLOYER City of West Allis	ADDRESS OF BUSINESS (STREET AND CITY) 7120 W. National Ave, West Allis	KIND OF BUSINESS Health
YOUR TITLE Director of Community Health Services	REASONS FOR LEAVING Promotion	NAME, TITLE & PHONE NO. OF SUPERVISOR Terry Brandenburg (Retired)
YOUR DUTIES As below plus budget management, emergency response coordination, rewrite policy + procedure, oversight of Wellness Program.		FROM (MO. & YR.) 2003
		TO (MO. & YR.) Present
		<input checked="" type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME (HRS. PER _____)
		ACTUAL HOURLY RATE/SALARY STARTING _____ ENDING _____ \$ _____ PER _____ \$ _____ PER _____
EMPLOYER City of West Allis	ADDRESS OF BUSINESS (STREET AND CITY) 7120 W National Ave, West Allis	KIND OF BUSINESS Health
YOUR TITLE Assistant Director of Community Health Services	REASONS FOR LEAVING Promotion	NAME, TITLE & PHONE NO. OF SUPERVISOR Mary Kay Freiberg (Retired)
YOUR DUTIES direct supervision + training for public health nurses + technical staff. Program planning + evaluation, grant management, coordinate occupational health screening		FROM (MO. & YR.) 1995
		TO (MO. & YR.) 2003
		<input checked="" type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME (HRS. PER _____)
		ACTUAL HOURLY RATE/SALARY STARTING _____ ENDING _____ \$ _____ PER _____ \$ _____ PER _____
EMPLOYER City of West Allis	ADDRESS OF BUSINESS (STREET AND CITY) 7120 W National Ave, West Allis	KIND OF BUSINESS Health
YOUR TITLE Public Health Nurse	REASONS FOR LEAVING Promotion	NAME, TITLE & PHONE NO. OF SUPERVISOR Mary Kay Freiberg (Retired)
YOUR DUTIES Provide care for residents in a variety of community settings, immunizations, education, assisted in computer technology, communicable disease follow up		FROM (MO. & YR.) 1991
		TO (MO. & YR.) 1995
		<input type="checkbox"/> FULL TIME <input checked="" type="checkbox"/> PART TIME (HRS. PER _____)
		ACTUAL HOURLY RATE/SALARY STARTING _____ ENDING _____ \$ _____ PER _____ \$ _____ PER _____
EMPLOYER St Joseph's Hospital	ADDRESS OF BUSINESS (STREET AND CITY)	KIND OF BUSINESS Health
YOUR TITLE Registered Nurse	REASONS FOR LEAVING	NAME, TITLE & PHONE NO. OF SUPERVISOR Randy LeRoy (No longer there)
YOUR DUTIES Care of cardiac patients in the telemetry units. Charge nurse. Patient education		FROM (MO. & YR.) 1981
		TO (MO. & YR.) 1993
		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME (HRS. PER _____)
		ACTUAL HOURLY RATE/SALARY STARTING _____ ENDING _____ \$ _____ PER _____ \$ _____ PER _____
EMPLOYER St Joseph's Hosp	ADDRESS OF BUSINESS (STREET AND CITY)	KIND OF BUSINESS Health
YOUR TITLE Critical Care Nursing Assistant	REASONS FOR LEAVING Graduated Nursing School	NAME, TITLE & PHONE NO. OF SUPERVISOR Jan Casper (No longer there)
YOUR DUTIES Assist nurses with care of patients in the Intensive care unit. Telemetry monitoring		FROM (MO. & YR.) 1977
		TO (MO. & YR.) 1981
		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME (HRS. PER _____)
		ACTUAL HOURLY RATE/SALARY STARTING _____ ENDING _____ \$ _____ PER _____ \$ _____ PER _____

Use a separate sheet to continue with any additional qualifying employment data, using same format as above.

ADDITIONAL INFORMATION: List any computer software, machines or equipment you are skilled in using.

Computer, laptop, Ipad 2, Satellite phone, 800mhz radios
walkie Talkie, Fax, Smart Board, GIS, Microsoft
products

If you were discharged for cause from any employment, state the details: Not Applicable

Have you applied with the City of West Allis before? Yes No If yes, for what position(s) and when? _____

VIOLATIONS OF LAW: A Police background check may be conducted prior to a job offer.

(The City, as a matter of explicit policy, does not use pending charges or convictions as the sole criteria in its employment decisions; they will be considered only if there is a substantial relationship to the circumstances of the particular job or if bondability is at issue.)

Are you currently subject to a pending charge? Yes No

If yes, what is the pending charge? _____

Have you ever been convicted of operating a vehicle while intoxicated (OWI) or any other violations of law excluding minor traffic violations? Yes No

If yes, for what have you been convicted, when, where, and the penalty imposed? _____

CERTIFICATION AND AGREEMENT

I certify that answers given by me to the foregoing questions and statements are true and complete to the best of my knowledge. I understand and agree that any misstatements or omissions herein subject me to disqualification or dismissal.

I authorize the City of West Allis to make such investigations and inquiries of my employment, character, qualifications, and medical history as may be necessary in arriving at an employment decision. I hereby release all employers, companies, schools or persons from all liability in responding to such inquiries made in connection with my application.

I further understand that in the event of employment by the City, my classification as a permanent employee depends upon my successfully performing work assigned me during a probationary period, where applicable.

2-20-2012
(DATE)

Sally Nussloch
(SIGNATURE OF APPLICANT)

(FOR HR OFFICE USE ONLY)

Comments: _____

