

Year 2026 - COMMUNITY DEVELOPMENT GRANTS ADMINISTRATION – (Revised 2/24)
JOB PLACEMENT – Public Service
EMPLOYEE DATA FORM

Please print clearly

Name of Individual: First _____ Middle Name _____ Last _____

Residential Address: _____ (**must be in CDGA target area) City _____ State _____

Zip Code _____ Email _____ Telephone _____

****how to verify CDGA target area: <https://itmdapps.milwaukee.gov/MyMilwaukeeHome/indexSidebarNew.jsp>**

Gender: Male Female X Head of Household: Yes No

Ethnicity: Is client Hispanic? ____ Yes ____ No

**Client Race: White ____ Black ____ Native Hawaiian or Pacific Islander ____ Asian ____ American Indian or Alaskan Native
____ American Indian or Alaskan Native & Black ____ Other Multi-Race ____**

If this was a Full time Job Placement indicate the pay rate per hour: \$ _____ Annual Salary \$ _____

If this was a Part time Job Creation, indicate the pay rate per hour: \$ _____ Annual Salary \$ _____

Date this individual was hired: Month _____ Day _____ Year _____

Job Title: _____ Number of Hours Per Week: _____
(full-time =32+ hours per week)
(part-time=16+ hours per week)

Was individual unemployed prior to taking this job? ____ Yes ____ No

Are health insurance benefits included with this job? ____ Yes ____ No

THIS FORM MUST BE SIGNED BY THE EMPLOYER, the CDGA-FUNDED AGENCY AND THE EMPLOYEE
(print clearly)

Name of Employer/Business _____

Business Address _____ **City** _____ **State** _____ **Zip Code** _____

Business Telephone Number (414) _____

Type of Business (e.g., manufacturing, city government, retail, etc.) _____

Print name Business Owner or Representative Date _____

Signature of Business Owner or Representative

Project Director's Signature (CDGA-funded agency) Date _____

Employee Signature Date _____

Note to CDGA-funded Agency: The Client Income Certification must be submitted with this form