



APPLICATION FOR REINSTATEMENT TO

Dept. of Employee Relations
Room 706, City Hall
200 E. Wells St.
Milwaukee, WI 53202-3554
(414) 286-3751
TDD (414) 286-2960
www.milwaukee.gov/jobs

INSTRUCTIONS TO APPLICANT:

1. Please PRINT answers in black ink (for copying purposes).
2. Answer all questions. Credit may NOT be given for incomplete information.
3. DATE and SIGN on page 4.
4. Keep a copy of completed application materials for your files.

Name Last _____ First _____ Middle Initial) _____

Address _____

City _____ State _____ Zip Code _____

Day phone: (____) _____ - _____ Evening phone: (____) _____ - _____

Cell phone: (____) _____ - _____ Email Address: _____

List any other names by which you have been known on official records:

Please list the following information about your previous employment with the City of Milwaukee:

POSITION TITLE	DEPARTMENT	EMPLOYEE ID #	FROM (MO./YR.)	TO (MO./YR.)
_____	_____	_____	_____	_____

OPEN RECORDS/PUBLIC INFORMATION

The City sometimes receives requests under the Wisconsin Public Records Law for the identity of job applicants and copies of the job applications. However, except for those applicants who are final candidates for positions, the City is prohibited from releasing the identity of applicants who have indicated in writing that they do not wish their identity to be revealed.

Do you wish to reveal your identity? Yes _____ No _____

In accordance with the Immigration Reform Control Act of 1986, the City will employ only persons legally authorized to work in the United States. Employment, offered, is conditional upon the individual's ability to establish verification of identity and authorization to work within three business days of commencement of employment.

Are you able to provide documentation that demonstrates that you are legally authorized to work in the United States?

Yes _____ No _____

Do you have relatives working for the City of Milwaukee? If Yes, list names, relationship and Department/Agency
Due to limitations on employment of relatives, list the names and exact relationships of any relatives who are City of Milwaukee employees

Yes _____ No _____

EDUCATION AND TRAINING

Did you graduate from High School? Yes No

If Yes, List High School Name, Address, City and State _____

If you did not graduate from high school, do you have a General Education Development Certificate (GED) or a High School Proficiency Certification? Yes No

If Yes, enter date issued and certificate number: _____

Training beyond high school (college or university, nursing, business college, military or other training you have received). Under credits earned, indicate Q for quarter hours or S for semester hours.

NAME, CITY & STATE	MAJOR/MINOR COURSE OF STUDY	DATES OF ATTENDANCE	DEGREE PURSUED	# OF CREDITS/DATE GRADUATED
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LICENSES & CERTIFICATIONS

Related to or required by the position for which you are applying. Do you have any current occupational and professional licenses and certificates? YES _____ NO _____

LICENSE/CERTIFICATE TYPE

ISSUING AGENCY/BOARD

SERIAL #

EMPLOYMENT HISTORY

Begin with current or most recent employment and work back. Account for all time during the past ten years, including periods of unemployment. IN ADDITION, LIST ANY OTHER PAID OR UNPAID WORK EXPERIENCE THAT MAY QUALIFY YOU FOR A POSITION. ATTACH ADDITIONAL PAGES IF NECESSARY.

Employer	From (month/year): _____ To (month/year): _____
Address	
Your Title	<input type="checkbox"/> Part time <input type="checkbox"/> Full time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Duties:	
Employer	From (month/year): _____ To (month/year): _____
Address	
Your Title	<input type="checkbox"/> Part time <input type="checkbox"/> Full time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Duties:	
Employer	From (month/year): _____ To (month/year): _____
Address	
Your Title	<input type="checkbox"/> Part time <input type="checkbox"/> Full time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Duties:	

READ CAREFULLY BEFORE SIGNING -- I certify that all answers to questions on this application are true and complete. I understand that falsification of this application may result in disqualification or removal from a City position. I authorize the City to make any inquiries about and receive any information about my suitability for employment. I give permission to persons contacted to provide such information. Such inquiries may include, but are not limited to the quality and quantity of my work, work record, qualifications, education and criminal records as defined above.

NOTE: Convictions are not an automatic bar to employment but are reviewed in relation to the job for which you applied. I forever waive, release and covenant not to sue any person or organization as a result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality. A copy of this authorization shall be effective as the original.

SIGNATURE _____

DATE: _____

City of Milwaukee

Voluntary Information

No applicant for employment shall be discriminated against because of race, color, creed, religion, sex, genetic testing, sexual orientation, marital status, membership in the military reserves, national origin, ancestry, age, arrest or non-job-related conviction record, non-job-related physical or mental disability, or the use or nonuse of lawful products off the employer's premises during nonworking hours.

Completion of this form is voluntary. We ask, however, for your cooperation in completing the following information. It will be treated confidentially and used only to help us monitor the City's Affirmative Action efforts and to comply with Federal recordkeeping requirements.

Your birthdate: _____ **(Must be provided and will be used for conviction verification)**

PLEASE PRINT OR TYPE

Name: _____

LAST

FIRST

MIDDLE

2. Sex (please check one): Female _____ Male _____ Non-binary _____ Decline to State _____

3. Race (please check one):

- Black/African American (not of Hispanic origin)
- Hispanic/Chicano/Puerto Rican/Mexican/Cuban/Central or South American
- White/European/North African/Middle Eastern (not of Hispanic origin)
- Native American Indian/Alaskan Native
- Asian/Pacific Asian American/Pacific Islander/Far Eastern/Indian subcontinent or Southeastern Asian (i.e., China, Japan, Korea, Philippine Islands, Samoa)