

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.

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Name Last Lange	First Gregory	Middle Initial)		
Address				
City				
Day pho				
Cell pho)			
List any other names by which you have been l	known on official records	s:		
Grey, Lange				
Please list the following information about your previous employment with the City of Milwaukee:				
POSITION TITLE DEPARTMENT E	EMPLOYEE ID #	FROM (MO./YR.) TO (MO./YR.)		
Contal A Drute out he	D11971	[12 001 = 0 11 15 021		
Eng. Tech 4 DPW Trumportection drofting / St. Ltg / Plen	014774	5/200/ 10 9/11/2021		
9				
OPEN RECORDS/PUBLIC INFORMA The City sometimes receives requests under		Records I aw for the identity of job		
applicants and copies of the job applications				
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 \(\Boxed{\text{No}}\) No If Yes, List High School Name, Address, City and State \(\begin{align*}Mtwakee Ltern High, Milw. WI.				
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				
Warterton Co. Technical Electronics Tech. 1996-1998 Electronics 72/6/201998				
Wasterla Co. Technical Electronics Tech. 1996-1998 Electronics 72/6/201998 Low Wastersha Country Technical College)				
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.				
NECESSARY.				
Employer	From (month/year): 10/2021			
RH Batterman + Co. Inc.	To (month/year): PRESENT			
Address				
2857 S. Bartells Dr.	Beloit, WI. 53511			
Your Title	Part time Full time			
ENGINEER TECH	Hours per week: 40			
Supervisor's Name, Title and Phone Number	Reasons for leaving:			
Frank McKearn-President (99 mot)) Return to City Exployment			
Duties:	0			
Utilizing Civil 3D CAD softs	we to prepare construction plans			
Employer	From (month/year): 5/2001			
City of Milwaukee	To (month/year): 9/2021			
Address	\$			
841 N. Broadway				
Your Title	Part time Full time			
ENGINEER TECH/DIPAFTING TECH 4	Hours per week:			
Supervisor's Name Title and Phone Number	Reasons for leaving			
Eng-Lie Lee, Yance Marti, Marcia Conel Duties:	1 Decision to move to Samesville, WI			
Duties:	1 Din 11 11- Bost 1/2			
Duties: Drafty + Design of Constriction Projects in HzO, Enviornmental, St. lighty Employer From (month/year):				
Employer	From (month/year):			
	To (month/year):			
Address				
Your Title	☐ Part time ☐ Full time			
	Hours per week:			
Supervisor's Name, Title and Phone Number	Reasons for leaving:			
Duties:				
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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_	Unde	
	U. U	,
DATE:	9-15-2024	



Signature

Department of Employee Relations 200 E. Wells Street, Room 706 Milwaukee, WI 53202-3554

R. 12/13

REQUEST FOR REINSTATEMENT

Rule X, Section 8 of the City Service Rules allows employees who resigned or took a voluntary demotion, and were in good standing with their department to request reinstatement. Requests must be approved by the department to which the former employee wants to be reinstated. Requests made more than one year from resignation must also be approved by the City Service Commission. An employee may only be appointed by reinstatement twice. Applicants for reinstatement must submit this form along with a Reinstatement Request Application to the Department of Employee Relations. Both documents are required to be considered for reinstatement.

Applicants are notified when a request is approved or denied. If approved, and the position previously held is currently vacant with an intent by the department to fill it, the individual has rights to that position. If an appropriate vacancy does not exist, the individual is placed on a reinstatement list, and sent notices for interviews as other vacancies occur. Reinstatement lists are active for two years, but may be extended by the City Service Commission. Candidates being considered for placement via reinstatement will be subject to a criminal conviction record review and satisfactory completion of a pre-placement medical examination and drug screen.

At the time of re-hire the individual shall receive salary, service credit towards benefits, and job class seniority according to the table below. Job class seniority is determined by City Service Rules. The CSC policy on reinstatement does not address employee's ERS contributions or benefits. Employees who are reinstated must contact the Employes' Retirement System directly in regards to their pension contributions or benefits.

Benefits Restored Upon Reinstatement	When Reinstated Within Three Years of Resignation	When Reinstated Three or More Years after Resignation
Salary	Same salary as at time of resignation or to the minimum of the pay range, whichever is greater.	Same salary as at time of resignation or to the minimum of the pay range, whichever is greater.
Service Credit Towards Vacation Accrual	Service credit is adjusted to reflect the absence from service.	No prior service credit granted
Service Credit Towards Job Class Seniority	Job class seniority is adjusted to reflect the absence from service.	No prior service credit granted
Sick Leave Balance	Restored to balance at time of resignation	No sick leave balance is restored

WHEN REQUESTING REINSTATEMENT YOU MUST PROVIDE THE FOLLOWING INFORMATION (type or print legibly):

Name: GREBORY LANGE Address: Phone No.: Employee ID: Reinstatement to which Department & Division: DPW/MFRACTRUCTURE/TRANSPORT/DIATE Reinstatement to which Job Title: ENGINEERING DRAFTING TECH 4 Department & Division Where Last Employed: DPW/NFRA/TRANSPORT/ST_UGHTING I have read and understand the information above. I am requesting that my name be placed on the reinstatement list for the Job Title listed above. 9-15-2024

YOU MUST ATTACH A COMPLETED REINSTATEMENT APPLICATION TO THIS REQUEST



Jerrel Kruschke, P.E. Commissioner of Public Works

Dan Thomas, M.P.A., J.D. Director of Administrative Services

Department of Public Works Administration

September 20, 2024

The Board Civil Service Commission City Hall Room 706 200 E. Wells Street Milwaukee, WI 53202

Re: Request for Reinstatement: Lange, Gregory

Dear Commissioners,

I am writing to inform you of the Department's position regarding the reinstatement of Gregory Lange.

The Department of Public Works <u>is</u> in support of Gregory Lange's reinstatement to the title of CADD and GIS Technician 3 (formerly titled Engineering Drafting Technician IV).

If you have any questions, please contact me at 414-286-3307.

Sincerely,

Signed by:

FA7CE1AF35AD4CA...

Dan Thomas, M.P.A., J.D.
DPW Administrative Services Director

C: Andrew Simons
Dan Thomas
Joshua Stratton
File