



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 CUNNINGHAM III First JOHN Middle Initial J

Address [REDACTED]

City [REDACTED]

Day phone [REDACTED]

Cell phone [REDACTED]

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.)
PLAN EXAMINER III	DNS	025731	06/21	06/22
BUILDING CONSTRUCTION INSPECTOR	DNS		01/15	06/21

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 UPPER MERY HIGH SCHOOL

601 N. LANSLOWNE AVE, UPPER MERY PA 19026

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

VILLANOVA UNIVERSITY VILLANOVA, PA CIVIL ENGINEERING 08/1998 -- 05/2002

BACHELORS OF CIVIL ENGINEERING 05/2002

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 _____

<u>COMMERCIAL BUILDING INSPECTOR</u>	<u>WI-DSPS</u>	<u>1278607-CEI</u>
LICENSE/CERTIFICATE TYPE	ISSUING AGENCY/BOARD	SERIAL #
<u>UDC CONSTRUCTION INSPECTOR</u>	<u>WI-DSPS</u>	<u>011500002-UDC</u>
<u>UDC HVAC INSPECTOR</u>	<u>WI-DSPS</u>	<u>011500003-UDC</u>

EMPLOYMENT HISTORY

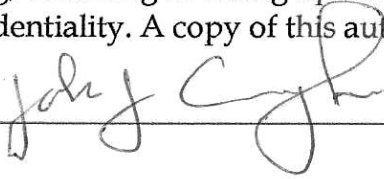
Begin with current or most recent employment and work back. Account for all time during the past ten years, including periods of unemployment. IN ADDITION, LIST ANY OTHER PAID OR UNPAID WORK EXPERIENCE THAT MAY QUALIFY YOU FOR A POSITION. ATTACH ADDITIONAL PAGES IF NECESSARY.

Employer E-PLAN EXAM	From (month/year): <u>06/2022</u> To (month/year): <u>10/2025</u>
Address 12605 W. NORTH AVE #189 BROOKFIELD, WI 53005	
Your Title DIRECTOR OF OPERATION S.	<input type="checkbox"/> Part time <input checked="" type="checkbox"/> Full time Hours per week: <u>40+</u>
Supervisor's Name, Title and Phone Number D.A. MATTOX, PRESIDENT. 414-296-2144	Reasons for leaving: ROLE CHANGED DUE TO COMPANY REORGANIZATION
Duties: MANAGED DAILY PLAN REVIEW OPERATIONS, FOR 45 DELEGATED MUNICIPALITIES. TRAINED & DEVELOPED PLAN EXAM STAFF. INCORPORATED POLICIES AND PROCEDURES.	
Employer CITY OF MILWAUKEE - DNS	From (month/year): <u>06/2021</u> To (month/year): <u>06/2022</u>
Address 809 N. BROADWAY	
Your Title PLAN EXAMINER III	<input type="checkbox"/> Part time <input checked="" type="checkbox"/> Full time Hours per week: <u>40</u>
Supervisor's Name, Title and Phone Number MARY WILKINSON-CHURCH PERMIT AND DEVELOPMENT CENTER MANAGER 414-286-8210	Reasons for leaving: 100% JOB W/ E-PLAN EXAM.
Duties: REVIEWED PLANS FOR COMPLIANCE WITH BUILDING CODES AND ZONING CODE PROVIDED CODE INTERPRETATIONS, ASSESSED PETITIONS FOR VARIANCE REQUESTS.	
Employer CITY OF MILWAUKEE - DNS	From (month/year): <u>01/2015</u> To (month/year): <u>06/2021</u>
Address 811 N. BROADWAY	
Your Title BUILDING CONSTRUCTION INSPECTOR	<input type="checkbox"/> Part time <input checked="" type="checkbox"/> Full time Hours per week: _____
Supervisor's Name, Title and Phone Number DAVID RHODES, BUILDING CONSTRUCTION INSPECTOR SUPERVISOR 414-286-2535	Reasons for leaving: TRANSFERRED TO PLAN REVIEW DEPT.
Duties: CONDUCTED BUILDING INSPECTIONS TO VERIFY COMPLIANCE W/ CODE. TRAINED NEW HIRES IN STANDARDS AND PRACTICES OF THE DEPARTMENT.	

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

A handwritten signature in dark ink, appearing to read "John J. C. R.", written over a horizontal line.

DATE:

12/01/2025



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

REQUEST FOR REINSTATEMENT

Rule X, Section 8 of the City Service Rules allows individuals 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 three years from the date of separation 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 and a Reinstatement Request Application to the Department of Employee Relations. Both documents are required in order 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's name is placed on a reinstatement list for that title, 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 conviction record review and satisfactory completion of a pre-placement testing, if required.

At the time of reappointment, the individual shall receive salary, service credit towards benefits, and job class seniority. 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 Employees' Retirement System directly in regard to their pension contributions or benefits.*

Benefits Restored Upon Reinstatement	
Salary	Same salary as at time of resignation or to the minimum of the pay range, whichever is greater.
Service Credit Toward Vacation Accrual	Service credit is adjusted to reflect the absence from service.
Service Credit Toward Job Class Seniority	Job class seniority is adjusted to reflect the absence from service.
Sick Leave Balance	Restored to balance at time of resignation.

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

Name: John J Cunningham III

Address:

Phone No.:

Employee ID: 025731

Date of Separation from Service: 06/03/2022

Reinstatement to which Department & Division: Neighborhood Services - Development Center

Reinstatement to which Job Title: Plan Examiner III (currently classified as Sr. Plan Examiner)

Department & Division Where Last Employed: Neighborhood Services - Development Center

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.

Signature

12/01/2025

Date

YOU MUST ATTACH A COMPLETED REINSTATEMENT APPLICATION TO THIS REQUEST
ALL REINSTATEMENT REQUESTS MUST BE SENT TO DERcertification@Milwaukee.gov.



Department of Neighborhood Services

Jezamil Arroyo-Vega
Commissioner

Michael Mazmanian
Deputy Commissioner

December 10, 2025

City Service Commission
200 E. Wells Street, Room 706
Milwaukee, WI 53202

Subject: Reinstatement Request for Accrual Restoration

Dear Commissioners,

This letter accompanies the "Request for Reinstatement" form for John Cunningham III who was previously employed by the City of Milwaukee as a Plan Examiner III.

Mr. Cunningham has accepted and is being rehired into an exempt position as a Permit and Development Manager, which is not subject to the benefit of having their civil service benefit of their accruals restored.

The purpose of this request is to use the reinstatement process to restore their previously earned sick leave and vacation accruals for their prior service, utilizing the provisions for the civil service position they previously held.

We appreciate your consideration in this matter. If you have any questions, please contact our Human Resources Administrator, Sha'Nese Burnell Jones at 414-286-2563.

Sincerely,

Jezamil Arroyo-Vega
Commissioner