



APPLICATION FOR STATE EMPLOYMENT

* Indicates mandatory fields

1. * Job Information

Job Announcement Title <i>(Complete an application for each job.)</i>	Job Announcement Code(s) <i>(seven digits)</i> _____ - _____ _____ - _____
<input type="checkbox"/> Extend Eligibility: Some jobs allow applicants to extend eligibility. See page 1 of the instructions to learn more about this option.	

2. Personal Information

* Last Name:		* First Name:		Middle Initial:
* Last Four Digits of Social Security Number:	* Month of Birth (MM):	* Day of Birth (DD):	Year of Birth (YYYY) <i>(optional)</i>	
* Mailing Address 1:				
Mailing Address 2:		E-Mail Address:		
* City:	* State:	* Zip Code:	* Country:	
* Mother's Maiden Name: <i>(enter your mother's maiden name or another name or word that will serve as an additional unique identifier)</i>				
Daytime Phone Number:		Evening Phone Number:		
Other Phone Number (e.g., cell):		Fax Number:		

3. * Are you currently legally authorized to work in the United States? Yes No

4. * Are you a Wisconsin resident? Yes No

5. * Work Hours *(Check all that you will accept.)*

<input type="checkbox"/> Full Time <i>(40 hrs/week)</i>	<input type="checkbox"/> Evening 2 nd Shift <i>(3pm to 11 pm or similar hours)</i>
<input type="checkbox"/> Part Time <i>(less than 40 hrs/week)</i>	<input type="checkbox"/> Evening 3 rd Shift <i>(11pm to 7am or similar hours)</i>
<input type="checkbox"/> Seasonal <i>(minimum of 600 hours per year but less than 1,828 hours per year.)</i>	

6. * Counties Where You Will Accept Employment

Note: We will only consider you for jobs in the locations you indicate below. You must identify at least one county for us to process your application. Enter 2-digit County Code(s) below using the list provided on page 3 of the instructions.

County Code(s): ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___

Application continues on next page

Administrative Use Only

Gender and race information are used for equal employment opportunity/affirmative action purposes only.

7. Gender

<input type="checkbox"/> Female	<input type="checkbox"/> Male
---------------------------------	-------------------------------

8. Race / Ethnicity

<i>(Check only one.)</i>	
<input type="checkbox"/> 1. Black (not Hispanic)	<input type="checkbox"/> 3. American Indian or Alaskan Native
<input type="checkbox"/> 2. Asian or Pacific Islander	<input type="checkbox"/> 4. Hispanic
	<input type="checkbox"/> 5. White (not Hispanic)

9. Education Level

<i>(Check highest level completed.)</i>	
<input type="checkbox"/> 1. Did not complete high school/GED	<input type="checkbox"/> 5. One-year vocational diploma
<input type="checkbox"/> 2. Completed GED/HSED	<input type="checkbox"/> 6. Two-year associate degree
<input type="checkbox"/> 3. Graduated from high school	<input type="checkbox"/> 7. Bachelor's degree
<input type="checkbox"/> 4. Some college, no degree	<input type="checkbox"/> 8. Some graduate degree courses
	<input type="checkbox"/> 9. Graduate college degree

10. How did you hear about this job?

<input type="checkbox"/> 1. DOA, Division of Personnel Management	<input type="checkbox"/> 9. Wisc.Jobs
<input type="checkbox"/> 2. Job Service/Job Center	<input type="checkbox"/> 10. JobCenterOfWisconsin.com (JobNet)
<input type="checkbox"/> 3. State Agency Website	<input type="checkbox"/> 11. Google
<input type="checkbox"/> 4. Social Media (LinkedIn, Facebook, Twitter, etc.)	<input type="checkbox"/> 12. Other: _____
<input type="checkbox"/> 5. Referred by Current State Employee	
<input type="checkbox"/> 6. Referred by Friend or Family	Please list other source
<input type="checkbox"/> 7. Job Fair	
<input type="checkbox"/> 8. Newspaper	

11. Active Duty Military

We will test active duty military members stationed out of state who are unable to test at a regularly scheduled exam center. We will test only at approved U.S. military installations and only if the exam is administered by a Test Control Officer or equivalent person. Please provide the following information for the person who has agreed to administer the exam. A fee may be charged for this service.

Test Control Officer: Last Name: _____ First Name: _____ M.I.: _____

Title: _____ Agency: _____

Complete Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

12. * Certification Statement

By signing below, I certify that the information I have provided in this application is true to the best of my knowledge and I understand that I may be required to verify the information before being appointed. I understand that any false, misleading, or missing information may disqualify me from employment consideration.

* Signature: _____ Date: ____ / ____ / ____