



## APPLICATION FOR STATE EMPLOYMENT

**\* Indicates mandatory fields**

### 1. \* Job Information

Job Announcement Title <span style="background-color: yellow;">(Complete an application for each job.)</span>	Job Announcement Code(s) <i>(seven digits)</i>  _____ - _____ _____ - _____
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Score Reuse: Some exams allow applicants to reuse their exam scores. See page 1 of the instructions to learn more about score reuse.

### 2. Personal Information

* Last Name:	* First Name:	Middle Initial:
* Last Four Digits of Social Security Number: ____ _	* Month of Birth (MM): ____	* Day of Birth (DD): ____
* Mailing Address 1:		
Mailing Address 2:		E-Mail Address:
* City:	* State:	* Zip Code:
* Mother's Maiden Name: <span style="background-color: yellow;">(enter your mother's maiden name or another name or word that will serve as an additional unique identifier)</span>		
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 (40 hrs/week)	<input type="checkbox"/> Evening 2 <sup>nd</sup> Shift (3pm to 11 pm or similar hours)
<input type="checkbox"/> Part Time (less than 40 hrs/week)	<input type="checkbox"/> Evening 3 <sup>rd</sup> Shift (11pm to 7am or similar hours)
<input type="checkbox"/> Seasonal (minimum of 600 hours per year but less than 1,828 hours per year.)	

### 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

### 7. Gender

<input type="checkbox"/> Female	<input type="checkbox"/> Male
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### 8. Race / Ethnicity

**(Check only one.)**

<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

**(Check highest level completed.)**

<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	Please list other source
<input type="checkbox"/> 6. Referred by Friend or Family	
<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: \_\_\_ / \_\_\_ / \_\_\_\_\_