

State of Wisconsin Department of Employment Relations
APPLICATION FOR STATE EMPLOYMENT

* Required items

1. **Civil Service Job Title** as it appears in the announcement: _____

2. ***Job Announcement Code(s)** of the position(s) for which you are applying: _____

Job Code #1: - Job Code #2: - Job Code #3: -

3. **Score Reuse:**

4. **Social Security Number:** - -

5. ***Mother's Maiden Name:** _____

6. **How do we contact you?**

*Last Name:		*First Name:		M.I.:
*Mailing Address:				
*City:	*State:	*Zip:	Country:	
Day Phone:		E-Mail Address:		
Evening Phone:		Other Number:		

7. **I am currently legally authorized to work in the United States.** Yes No 8. **I am a Wisconsin resident.** Yes No

9. **Exam City Code:** ____ ____ (Complete this if a written exam is required; see instructions for the codes.)

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

10. **Gender:**
 Female Male

11. **Race/Ethnicity:** (Check only one.)

1 Black (Not Hispanic) 3 American Indian/Alaska Native

2 Asian or Pacific Islander 4 Hispanic

5 White (Not Hispanic)

12. **Birth Date:**

Birth date information is used for administrative purposes only. Use numbers, e.g., 02/09/1971 (MM/DD/YYYY)

____ / ____ / _____

13. **Educational Level:** Check highest level completed.

01 Did not complete high school/GED 06 Two-year associate degree

02 Completed GED/HSED 07 Bachelor's degree

03 Graduated from high school 08 Some graduate degree courses

04 Some college, no degree 09 Graduate college degree

05 One-year vocational diploma

14. ***What are your work preferences** for the position for which you are applying? *Check all that you will accept.*

FT Full-time (40 hours/week) PT Part-time (less than 40 hrs/wk)

EH Evening 2nd shift (3 to 11 pm or similar) NT Night 3rd shift (11 pm to 7 am or similar)

SE Seasonal (minimum of 600 hours per year but less than 1,828 hours per year.)

15. ***Where would you like to work?** *Enter counties where you will accept employment.*

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

County Code(s): ____ | ____ | ____ | ____ | ____ | ____ | ____ | ____ | ____ | ____ | ____ | ____ | ____

Administrative Use Only

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16. How did you hear about this job? Check all that apply.

<input type="checkbox"/> A Internet: <i>Select below.</i>	<input type="checkbox"/> M Current State Employee
<input type="checkbox"/> B http://jobs.der.state.wi.us	<input type="checkbox"/> N Radio Ad
<input type="checkbox"/> C www.wisconsin.gov	<input type="checkbox"/> O Television Ad
<input type="checkbox"/> D DWD/JOBNET	<input type="checkbox"/> P Job Fair
<input type="checkbox"/> E other career sites	<input type="checkbox"/> Q State Workshop
<input type="checkbox"/> F state agency web site	<input type="checkbox"/> R Library
<input type="checkbox"/> G Department of Employment Relations	<input type="checkbox"/> S W-2 SET/SEO Services
<input type="checkbox"/> H Job Service/Job Center	<input type="checkbox"/> T Direct Mail
<input type="checkbox"/> I Another State Agency	<input type="checkbox"/> U Current Employment Opportunities Bulletin
<input type="checkbox"/> J Community Organization	<input type="checkbox"/> V Other
<input type="checkbox"/> K Wisconsin College/University: See list of codes in instructions; enter College/University code here: _____	
<input type="checkbox"/> L Newspaper: See list of codes in instructions; enter Newspaper code here: _____	

17. **Referral Permission:** State agencies and universities may search our database for applicants with specific skills or experiences. Do you wish to have your application available to other state agencies, universities, and city and county governments?

Yes No

Active Duty Military: We will test active duty military members stationed out of state who are unable to test at our regularly scheduled exam centers. 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.

Exam Administrator: Last Name: _____ First Name: _____ M.I.: _____

Title: _____ Agency: _____

Complete Mailing Address: _____

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

Certification Statement

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.

I agree. I disagree. *Signature: _____ Date: _____