



SCOTT WALKER
OFFICE OF THE GOVERNOR
STATE OF WISCONSIN

P.O. Box 7863
MADISON, WI

APPLICATION FOR A GUBERNATORIAL APPOINTMENT

INSTRUCTIONS

Thank you for expressing an interest in serving Wisconsin. Generally, the Governor fills most senior level positions in the various departments, positions in the Governor's executive office, and any vacancies on the many Boards and Commissions that operate under state law through the Gubernatorial appointment process.

To be considered, please complete the application below.

PART I

Name (First, Middle Initial, Last):		
Home Address 1:		
Address Line 2:		
Home Phone:	Cell Phone:	
E-mail Address:		Date of Birth:
State Senator:	State Representative:	
Job Title, Company:		
Work Address 1:		
Address Line 2:		
Work Phone:	Fax Number:	
Preferred Mailing Address (please check one): <input type="checkbox"/> Home <input type="checkbox"/> Work		
What is your state of residence?		
Are you a state employee? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, list your Department and Division.		
Are you an elected official? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what is your position?		

Are you a licensed/certified professional? If so, please specify.
Do you belong to any professional groups? If so, please specify.

****Demographic Information Is Optional***

Disability:	Veteran:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity:

Part II

Appointment Sought:

1.

In the space provided below, please list the names of three people who are willing to serve as references. **Please also include phone numbers and their relationship to you.**

Name	Phone Number	Relationship to You
1.		
2.		
3.		

Did anyone refer you to this appointment? If so, who?

1.

RESUME

Please attach a copy of your resume to this application. Please include all relevant work experience, education, community involvement, government or military service, honors, awards and other talents.

- By submitting this application you are affirming that all the statements you have made in this document are true and that you understand that an extensive background check may be conducted if you are considered for appointment.
- Under Wisconsin Statutes 19.36 (7)(b), as an applicant for this position, you have the limited right to request that your identity be kept in confidence. If you wish to preserve this right, you must attach to your application a letter requesting confidentiality of your identity with respect to this application.
- This right prevents your identity from being released in response to a public records request unless; you are appointed to the position or you are a finalist for the position as defined by Wisconsin Statute 19.36(7)(a).

<p>Applications should be e-mailed to:</p> <p>GovAppointments@wisconsin.gov</p>	<p>Applications should be mailed to:</p> <p>Governor Scott Walker Appointments Department P. O. Box 7863 Madison, WI 53707 -- 7863 (608) 266 -- 1212</p>
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This document can be made available in alternate formats to individuals with disabilities upon request.