



Application for Employment

Personal Information

| | | | |
|--|-------|------------------------------------|-----------|
| Name (Last/First/Middle Initial): | | | |
| Are you known by any other names? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If Yes, please list all such names in full: | | | |
| Present Address: | | | |
| Street: | City: | State: | Zip Code: |
| Telephone Number (area code): | | Number where messages can be left: | |
| What is your date of birth? (MM/DD/YYYY.) | | | |
| Do you have a legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If Yes, where? | | In what role? | |
| Have you ever worked for the State of Wisconsin? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where? | | | |
| In which Department? | | When? From: | To: |
| In what role? | | | |

Position Information

| | | | |
|---|--|-----------------|--|
| Position(s)/Work Areas you are applying for. List in Rank Order. | | | |
| 1) Position | | | |
| 2) Position | | | |
| 3) Position | | | |
| Check all that apply: I can work <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time (if Part-time, how many hours per week?) <input type="checkbox"/> On-Call <input type="checkbox"/> Limited | | | |
| Salary Requirements: | | Date Available: | |

Written Essay Questions

(Attach separate documents of 500 words or less for each question.)

Please explain your philosophy on the proper role of state government.

Please describe why you are interested in working for Governor Scott Walker and the State of Wisconsin.

EQUAL OPPORTUNITY EMPLOYER

All qualified applicants will receive equal considerations as provided by law.

This document can be made available in alternate formats to people with disabilities upon request.

Education

(Educational attainments will be considered only in view of the requirements of the position sought.)

| Name of School | Address: Street, City, and State | Last Grade Completed | Degree/Course | Honors Received |
|----------------|----------------------------------|----------------------|---------------|-----------------|
| High School | | | | |
| Undergraduate | | | | |
| Graduate | | | | |
| Other | | | | |

Educational or student activities that you believe may be related to the job for which you are applying:

Professional Affiliations

| Type of Certification, Registration or License | Certificate/Registration Number | State | Expiration Date |
|--|---------------------------------|-------|-----------------|
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Employment History

(Start with most recent, including all part-time jobs)

| | | | |
|---|---------------------------------------|--|------------------|
| Current or Most Recent Employer's Name 1.: | | Telephone Number (include area code): | |
| Street Address: | | City: | State: Zip Code: |
| Department: | | Supervisor's Name and Title: | |
| Dates Worked From: To: | Total Time Worked Years: Months: | Earnings Start: Final: | |
| Job Title: | Duties Performed: | | |
| Are you currently employed in this role? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, may we contact your Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Reasons for Leaving (if applicable): | | | |

Employment History Continued

| | | | | | |
|-----------------------------|--|---------------------------------------|--|-----------------------------|-----------|
| Employer's Name 2.: | | Telephone Number (include area code): | | | |
| Street Address: | | City: | | State: | Zip Code: |
| Department: | | Supervisor's Name and Title: | | | |
| Dates Worked From: To: | | Total Time Worked Years: Months: | | Earnings Start: Final: | |
| Job Title: | | Duties Performed: | | | |
| Reasons for Leaving: | | | | | |

| | | | | | |
|-----------------------------|--|---------------------------------------|--|-----------------------------|-----------|
| Employer's Name 3.: | | Telephone Number (include area code): | | | |
| Street Address: | | City: | | State: | Zip Code: |
| Department: | | Supervisor's Name and Title: | | | |
| Dates Worked From: To: | | Total Time Worked Years: Months: | | Earnings Start: Final: | |
| Job Title: | | Duties Performed: | | | |
| Reasons for Leaving: | | | | | |

| | | | | | |
|-----------------------------|--|---------------------------------------|--|-----------------------------|-----------|
| Employer's Name 4.: | | Telephone Number (include area code): | | | |
| Street Address: | | City: | | State: | Zip Code: |
| Department: | | Supervisor's Name and Title: | | | |
| Dates Worked From: To: | | Total Time Worked Years: Months: | | Earnings Start: Final: | |
| Job Title: | | Duties Performed: | | | |
| Reasons for Leaving: | | | | | |

Criminal History (A conviction or arrest record does not automatically disqualify you from employment.)

Have you ever been convicted of or pled "no contest" to a crime (other than a minor traffic violation)? Yes No
 If yes, please provide: (1) Description of Nature of Conviction(s); (2) Location(s); and (3) Date(s) of Conviction:

Are there any pending criminal charges against you? Yes No
 If yes, please provide: (1) a description of the nature of the crime(s) with which you are charged; (2) the state in which such charge(s) is (are) pending; and (3) the date(s) on which such charge(s) was (were) issued:

Employment References

| Name | Address | Telephone Number |
|------|---------|------------------|
| | | |
| | | |
| | | |

PLEASE READ CAREFULLY BEFORE SIGNING

By signing below or by electronically submitting this form, I certify that:

- All the information I provided on this application and in any accompanying documents or statements is true, accurate and complete without misrepresentation or omission of any kind whatsoever, and I understand that if any of this information is discovered to be false, inaccurate, incomplete, or if there are any misrepresentations or omissions of any kind whatsoever, it will be sufficient cause for cancellation of further employment consideration or my discharge at any time;
- I understand that the State of Wisconsin will verify the information provided on this application, including, but not limited to, education, employment and criminal history, as allowed by law;
- I understand that my admission to an arrest or conviction does not automatically disqualify me from employment. The State of Wisconsin does not discriminate on the basis of arrests or convictions that are not substantially related to the circumstances of the job(s) for which I am applying. I further understand that failure to disclose any such information will be sufficient cause for cancellation of further employment consideration or my discharge at any time;
- I authorize all persons, employers, schools, organizations, and agencies ("Released Parties") to give any information to the State of Wisconsin that they may have regarding me. I hereby release those Released Parties, and all individuals connected with them, from all liability, including any claim for damages, for releasing this information to the State of Wisconsin; and
- I understand that no contract for employment exists between me and the State of Wisconsin.
- I understand that the application process may continue, including but not limited to a separate State of Wisconsin Application for State Employment, a request for more information or an interview.
- 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).

Signature of Applicant: _____ Date: _____

Type Name of Applicant: _____

PLEASE ATTACH A RESUME OR CURRICULUM VITAE