

State of Wisconsin

Department of Employment Relations

APPLICATION FOR STATE EMPLOYMENT

GENERAL INFORMATION

- Each job listed in our job bulletins includes specific application instructions. Please follow the application instructions closely.
- This *Application* will register you to compete for specific jobs in Wisconsin State Government.
- You **must** include the following information: **Social Security Number or written request for a nine-digit number, job announcement code, last name, mailing address, type of employment, and employment areas where you will work.** You must also sign the *Application* at the bottom of page 4.
- **If you provide incomplete or inaccurate information, we may be unable to consider you for vacancies.**
- You must ensure that pages 3 and 4 of this *Application* are received on the announced deadline date, at the announced location. We are not responsible for late, lost, misdirected or damaged mail.
- **All mail will be sent to you at the address you provide on this form.**
- For jobs requiring a written exam at one of our examination centers, bring your completed *Application* with you to the exam site.
- You may make clear photocopies of pages 3 and 4 of this form, printed front and back on one sheet of paper, and submit that as the official application.

DETAILED INSTRUCTIONS FOR COMPLETING PAGES 3 AND 4

1. SOCIAL SECURITY NUMBER -- We must have a nine-digit number to process your *application*. If you do not want to use your Social Security Number, attach a letter to your *application* requesting an alternate nine-digit number.

NOTE: You must provide a Social Security Number or a letter requesting an alternate nine-digit number for us to process your *Application*.

2. CIVIL SERVICE TITLE -- Use one *Application* for each job you apply for unless the job titles were announced together in the same announcement.
3. JOB ANNOUNCEMENT CODE -- Job Announcement Code(s) are listed in the job announcement.

NOTE: An accurate Job Announcement Code is required to process your *Application*.

4. NAME -- Print your name clearly.

NOTE: You must provide your last name for us to process your *Application*.

5. RACIAL/ETHNIC CODE -- We use this information for affirmative action and equal employment opportunity purposes. If you do provide this information, you may be eligible for job opportunities under the State's Affirmative Action/Equal Employment Opportunity Plan. Check the appropriate box in item #5 using the following definitions:

Black--Not of Hispanic origin: All persons having origins in any of the black racial groups of Africa. *Asian or Pacific Islander*: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. *American Indian or Alaskan Native*: Persons descending from any of the original peoples of North America who possess ¼ degree of documented tribal descendancy or are enrolled with a federally or state recognized tribe, or are recognized by a federally or state recognized tribe as American Indians for state affirmative action purposes. *Hispanic*: All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race. *White*--Not of Hispanic origin: All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

NOTE: You may be required to verify the racial/ethnic status you claim.

6. ADDRESS -- Provide your complete mailing address. Notify us in writing of any change in your address. If you send application materials to another state agency, also notify that agency. We will send all mail to you at the address you provide on this form.

NOTE: We must have your complete address to process your *Application*.

7. GENDER -- We use this information for affirmative action/equal employment opportunity purposes. If you do provide this information, you may be eligible for job opportunities under the State's Affirmative Action/Equal Employment Opportunity Plan.

345 West Washington Avenue • PO Box 7855 • Madison, WI 53707-7855
An Equal Opportunity Employer Functioning Under An Affirmative Action Plan

Detailed Instructions for Completing Pages 3 and 4 (cont'd)

8. HOME AND WORK TELEPHONE -- Provide telephone numbers where you can be reached between 7:45 a.m. and 4:30 p.m., Monday through Friday
9. BIRTH DATE -- We use this information for affirmative action/equal employment opportunity purposes. It has no effect on your job opportunities unless specifically stated in the job announcement. Use numbers giving the month/day/year you were born.

10. TYPE OF EMPLOYMENT --

NOTE: You must include the type of employment you will accept for us to process your *Application*.

11. EXAMINATION CITY -- Indicate where you intend to take the civil service exam, if an exam at a test center is required.

EXAM SCORE REUSE -- Your exam score is valid for six months from the day you test. If the same exam is offered again **within six months** of your last test date, you cannot take the exam, but you may request to reuse your original score (for six more months). If you choose to reuse your score, it will be valid for six months from the register date listed in the new *Notice of Examination Results* that you will receive several weeks after your request. This *Notice* will show your reused score along with your current rank on the employment register.

To request an exam score reuse: Check the box "SCORE REUSE" located in the upper right-hand corner of the *Application* and send your completed *Application* (DER-DMRS-38) to DMRS/Application Processing Unit; P.O. Box 7855; Madison, WI 53707-7855. We must receive the form no later than 4:30 p.m. on the day before the exam date listed in the job announcement.

12. DISABILITY STATUS --

12a. AA/EEO: Wisconsin law defines a person with a disability as someone who: (1) has a physical or mental impairment which makes achievement unusually difficult or limits the capacity to work; (2) has a record of such impairment; or (3) is perceived as having such an impairment. **Check box 12a** if you identify yourself as disabled under this definition. This is for record-keeping purposes only.

12b. Handicapped Expanded Certification (HEC): Persons with permanent physical or mental disabilities may be eligible for additional employment consideration under HEC. **Check box 12b** and submit the *Handicapped Expanded Certification Verification* form (DER-MRS-159). The form is available at all job service, state personnel, and college placement offices, or by writing to: DER/DMRS; P.O. Box 7855; Madison, WI 53707-7855.

NOTE: You will need to verify your disability before being referred for state jobs under HEC.

SPECIAL EXAM ACCOMMODATIONS: We will provide reasonable accommodations for test takers with mental or physical disabilities that affect their ability to take employment exams.

If you need special accommodations, complete the *Request for Examination Accommodations* form (DER-MRS-40). If you need the form, please call the Division of Merit Recruitment and Selection at (608) 266-1731 or (608) 266-1498 (TDD). You may fax the completed form to (608) 267-1000.

NOTE: We may not be able to arrange an accommodation unless we receive your request at least one week before the exam.

13. WISCONSIN RESIDENCY -- Indicate if you are a current Wisconsin resident. If the job vacancy bulletin in which the job was announced indicated that state residency is required, do you meet the requirements for residency listed on page 2 of that job bulletin?
14. CAREER EXECUTIVE -- Indicate if you are a Career Executive employee in the Wisconsin classified civil service.
15. SHORTHAND -- Minimum shorthand speed is 80 words per minute. You will be required to verify your shorthand ability if you are interviewed.

16. EDUCATIONAL LEVEL -- Indicate your single highest level of education. Check only one box.

17. VETERANS' PREFERENCE -- Qualifying wartime veterans and certain spouses of veterans are eligible for preference points on civil service exams. If you are a veteran of the U.S. Armed Forces or are a spouse of a disabled or deceased veteran, obtain the *Veterans Preference Supplement* (DER-MRS-38-L) and submit it with your *Application*. This form is available at all job service, state personnel, and college placement offices, or by writing to DER/DMRS; PO Box 7855; Madison, WI 53707-7855.

NOTE: You will be required to verify your veteran status .

18. EMPLOYMENT AREAS -- Use the map on page 4 to identify the areas where you will accept employment.

NOTE: We will only consider you for jobs in the locations where you tell us you will work. You must check at least one employment area for us to process your *Application*.

19. PRIMARY SOURCE OF INFORMATION -- Check one box that best represents the primary source of information which prompted you to apply for the job vacancy.

20. REFERRAL PERMISSION -- Check "yes" to give us permission to refer your name to other public employers such as a Wisconsin county or city. Your response will not affect eligibility for state employment.

21. FOREIGN LANGUAGE FLUENCY -- Check the appropriate box only if you are fluent in a foreign language in addition to English, or if you are fluent in American Sign Language (ASL) and English. Your response will not affect eligibility for employment unless the job announcement requires proficiency in a foreign language or ASL.

22. STATE EMPLOYMENT STATUS -- Check this box only if you are a current permanent classified employe in Wisconsin State Government. You may use abbreviations (e.g., Department of Natural Resources can be abbreviated as DNR).

23. List any professional or trade certifications, registrations, or licenses you hold.

24. Instructions for active duty military members. Active duty members in the U.S. armed forces may test out of state if they are unable to test at our regularly scheduled exam centers. Complete item #24, blocks a. - h., and send your completed *Application* to DER/DMRS for processing.

25. Read the certifying statement and sign your name.

NOTE: Your signature is required to process your *Application*.

APPLICATION FOR STATE EMPLOYMENT

SCORE REUSE:

Complete all items accurately. Print or type all information using black or blue-black ink. Separate this page from the instructions and send or bring the completed *Application* to the address listed in the job announcement. See pages 1 and 2 for detailed instructions.

1. Social Security Number (9 digits)		For DMRS Use Only	
2. Civil Service Title as it Appears in the Announcement			
3. Job Announcement Code(s)		3c.	
3a.	3b.	5. Racial/Ethnic (Check only <u>one</u> box): <input type="checkbox"/> 1 Black (Not Hispanic) <input type="checkbox"/> 2 Asian or Pacific Islander <input type="checkbox"/> 3 American Indian/Alaskan Native <input type="checkbox"/> 4 Hispanic <input type="checkbox"/> 5 White (Not Hispanic)	
4. Last Name		First Name	
6. Complete Mailing Address		7. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
City		State	
Zip Code		8. Home Telephone Number (Include area code)	
9. Birth Date (Use numbers, e.g., 02/24/71):		Work Telephone Number (Include area code)	
10. Type of Employment (Check ALL that you will accept): <input type="checkbox"/> FT - Full-time (40 hrs/wk) <input type="checkbox"/> EH - Evening (2nd and 3rd shifts)		<input type="checkbox"/> PT - Part-time (Less than 40 hrs/wk) <input type="checkbox"/> SE - Seasonal (Min. 600 hrs/yr)	
11. Examination City (if a written exam is required) (Check only <u>one</u> box): <input type="checkbox"/> AD - Ashland <input type="checkbox"/> GB - Green Bay <input type="checkbox"/> MD - Madison <input type="checkbox"/> RH - Rhinelander <input type="checkbox"/> WA - Wausau <input type="checkbox"/> EC - Eau Claire <input type="checkbox"/> KE - Kenosha <input type="checkbox"/> MW - Milwaukee <input type="checkbox"/> RL - Rice Lake <input type="checkbox"/> WR - WI Rapids <input type="checkbox"/> FD - Fond du Lac <input type="checkbox"/> LX - La Crosse <input type="checkbox"/> PL - Platteville <input type="checkbox"/> SU - Superior <input type="checkbox"/> OT - Military* <div style="text-align: right; font-size: small;">*See #24 on page 4.</div>			
12. Disability Status: a. <input type="checkbox"/> AA/EEO b. <input type="checkbox"/> HEC [See <i>Handicapped Expanded Certification Verification</i> form (DER-MRS -159)]			
13. Wisconsin Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No		16. Educational Level (Check only <u>one</u> box): <input type="checkbox"/> 01 -Did not complete high school or GED <input type="checkbox"/> 02 -Completed GED <input type="checkbox"/> 03 -Graduated from high school <input type="checkbox"/> 04 -Some college, no degree <input type="checkbox"/> 05 -One year vocational diploma	
14. Career Executive Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 06 -Two year associate degree <input type="checkbox"/> 07 -Bachelor's degree <input type="checkbox"/> 08 -Some graduate degree courses <input type="checkbox"/> 09 -Graduate college degree	
15. Shorthand: <input type="checkbox"/> Shorthand (Min. 80 wpm)		17. Veterans' Preference Points: [Use the <i>Veterans' Preference Supplement</i> form (DER-MRS-38L)]	
18. Employment Areas (see map on page 4) (Check ALL that you will accept): <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31			
19. Primary Source of Information (Check only <u>one</u> box): <input type="checkbox"/> 01 Bulletin Subscription <input type="checkbox"/> 04 Another State Agency <input type="checkbox"/> 02 Dept. of Employment Relations <input type="checkbox"/> 05 College <input type="checkbox"/> 03 Job Service Office <input type="checkbox"/> 06 Community Organization		<input type="checkbox"/> 07 Current State Employee <input type="checkbox"/> 08 Newspaper/Journal Ad.--Name: _____ <input type="checkbox"/> 09 Radio/TV Ad. -- Name: _____ <input type="checkbox"/> 10 Other: _____	
20. Referral Permission : <input type="checkbox"/> Yes <input type="checkbox"/> No			
21. Check the appropriate box if you are fluent in both English <u>and</u> another language: <input type="checkbox"/> Spanish <input type="checkbox"/> American Sign Language (ASL) <input type="checkbox"/> German <input type="checkbox"/> Hmong <input type="checkbox"/> Laotian <input type="checkbox"/> Other: _____			
22. <input type="checkbox"/> Check this box if you are presently a permanent State of Wisconsin classified civil service employe, and complete the following:			
Job Classification Title	Department	Division	Bureau or next Unit level
23. List any current licenses, registrations, or certifications you hold as a member of a trade or profession:			

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SCORE REUSE:

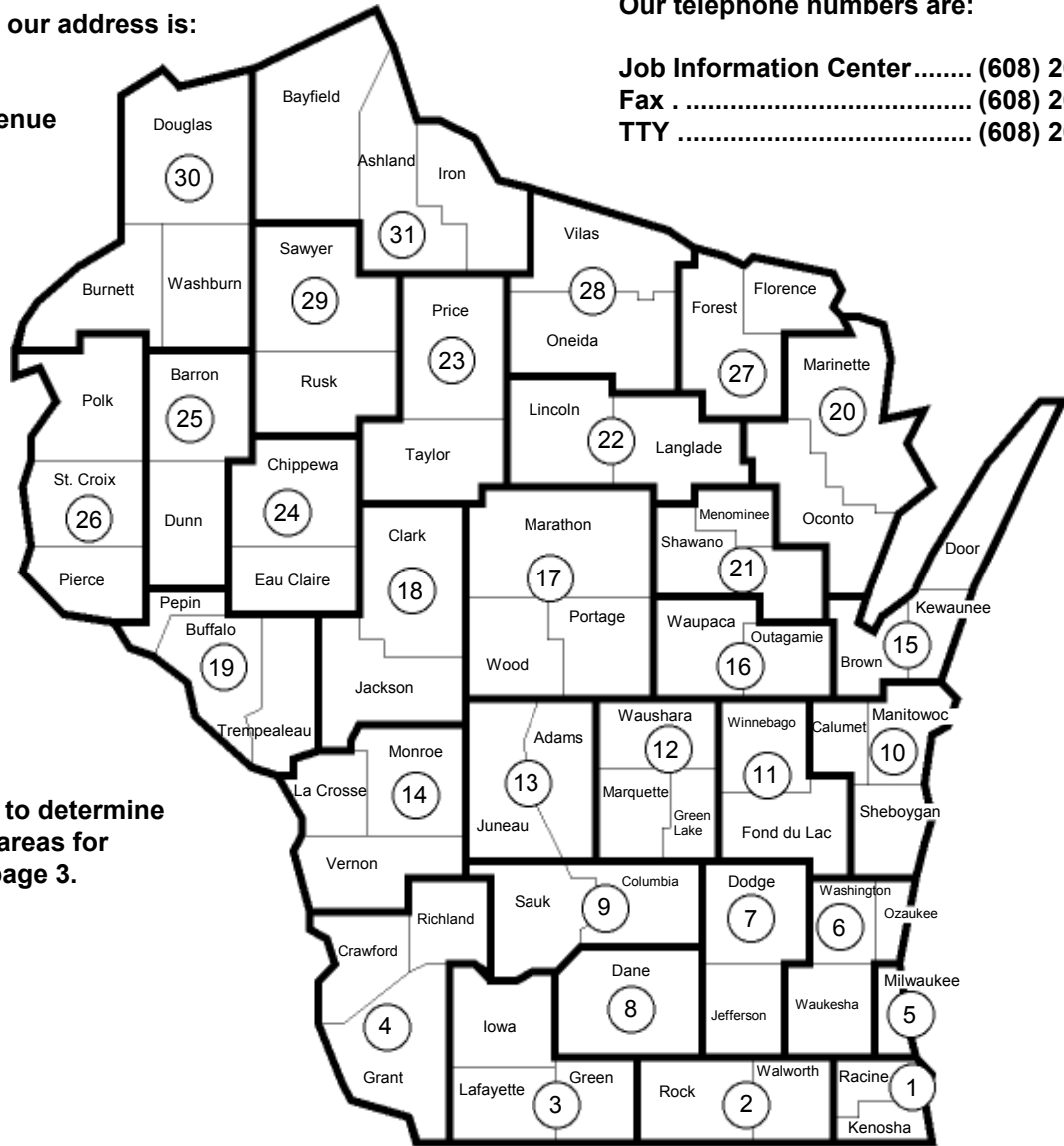
24. We will test active duty military members stationed out of state who are unable to test at our regularly scheduled exam centers. We will test only at approved U.S. military installations and only if the exam is administered by a Test Control Officer or equivalent person. Please provide the following information for the person who has agreed to administer the exam. A fee may be charged for this service.			
a. Exam Administrator: Last Name, First Name M.I.	f. Title		
b. Complete Mailing Address	g. Agency		
c. City	d. State	e. Zip Code	h. Telephone (Include area code)

If you need to write to us, our address is:

**DER/DMRS
345 West Washington Avenue
P.O. Box 7855
Madison, WI 53707-7855**

Our telephone numbers are:

**Job Information Center..... (608) 266-1731
Fax (608) 267-1000
TTY (608) 266-1498**



Use this map to determine employment areas for Item #18 on page 3.

25. I certify that the information 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	