

WISCONSIN DEPARTMENT OF REVENUE

APPLICATION FOR LIMITED TERM EMPLOYMENT

Applicants must be 18 years or older to apply. Criminal background checks will be conducted prior to hire.

PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION. (Type or print clearly)

NOTE: You must provide a Social Security Number (informational use only) for us to process your application

Name (Last, First, Middle)
Street Address
Residence Telephone
Secondary Telephone
City State Zip
E-Mail Address

JOB INTEREST (Check all areas you are interested in)

Form with checkboxes for Laborer, Audit/Review, Data Entry/Verification, General Clerical, Customer Service, and Filing.

SHIFT PREFERENCE (Check shifts you are willing to accept)

Form with checkboxes for Full-time (40 hours per week), Part-time (Less than 40 hours per week), Days, and Evenings.

SKILLS & EXPERIENCE

Form with sections for Typing/Keyboarding, Data Entry, Accounting, Math, Customer Service, Personal Computer Skills, Other equipment you can skillfully operate, and Other languages in which you are fluent.

GENERAL INFORMATION:

Form with questions: Are you currently a State of Wisconsin or University of Wisconsin employee? Are you a legal resident of Wisconsin? Do you have any relatives currently employed by the Wisconsin Department of Revenue? How did you learn of this job opportunity?

**WORK EXPERIENCE** – Begin with your most recent employer.

Present or most recent employer	Type of Business	Your Title
Date Employed From	Date Employed To	Supervisor Name and Telephone Number
Your duties:		
Employer	Type of Business	Your Title
Date Employed From	Date Employed To	Supervisor Name and Telephone Number
Your duties:		
Employer	Type of Business	Your Title
Date Employed From	Date Employed To	Supervisor Name and Telephone Number
Your duties:		

For research and Affirmative Action/ Equal Employment Opportunity reporting only, please check the appropriate categories:

<b>Gender:</b>	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Birthdate _____ <i>Must be 18 years or older to apply.</i>
<b>Racial/Ethnicity:</b>	<input type="checkbox"/> 1–Black (Not of Hispanic origin)	<input type="checkbox"/> 4–Hispanic	<input type="checkbox"/> 5–White (Not of Hispanic origin)
	<input type="checkbox"/> 2–Asian or Pacific Islander		
	<input type="checkbox"/> 3–American Indian or Alaskan Native		

**DISABILITY STATUS:** Wisconsin 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 impairment.

Check here if you wish to identify yourself as disabled for affirmative action purposes.

I certify that the information I provided on this application is true and complete to the best of my knowledge, and that any false, misleading, or missing job-related information may disqualify me from employment.

Date (MM/DD/YYYY)	Signature
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**AN EQUAL OPPORTUNITY EMPLOYER FUNCTIONING UNDER AN AFFIRMATIVE ACTION PLAN**

Return completed application to:  
**Wisconsin Department of Revenue**  
**Human Resource Office**  
**2135 Rimrock Rd, 6-261**  
**P.O. Box 8931**  
**Madison, WI 53708-8931**