

Limited Term Employment Application

*Applicants must be 18 years or older to apply.
A criminal background check and tax non-filer check will be conducted prior to offer of employment.*

COMPLETE ALL SECTIONS OF THIS APPLICATION *(type or print clearly)*

Name (Last)		First		M.I.	
Home Address		City		State	Zip Code
Home Phone Number () -		Secondary Phone Number () -		Email Address	

Best method to contact you by: Phone Email

SHIFT PREFERENCE *(check shifts you are willing to accept)*

Full-time (40 hours per week) Part-time (less than 40 hours per week)

JOB INTEREST *(check area you are applying for)*

- Customer Service Rep Data Entry Homestead Credit Tax Rep Laborer
 Mail Opener / Mail Reviewer Scanning Tax Representative Unclaimed Property Tax Rep
 Other *(please list)* _____

SKILLS & EXPERIENCE

Typing / Keyboarding: Words per minute _____ Customer Service: Telephone Person-to-Person
 Personal Computer Skills: Access Excel SAS Word Other _____

Accounting / Math *(describe any training, education or experience):*

Other equipment you can skillfully operate:

Other languages in which you are fluent:

WORK EXPERIENCE *(begin with most recent employer)*

Employer	Employment Dates	Supervisor Name & Phone Number
Your duties:		
Employer	Employment Dates	Supervisor Name & Phone Number
Your duties:		

GENERAL INFORMATION

- 1. Have you worked at the Department of Revenue previously? Yes No
 If Yes, what area? _____
 Dates worked: _____
- 2. Are you currently a State of Wisconsin employee? Yes No
 If Yes, where are you currently employed? _____
- 3. Are you a legal resident of Wisconsin? Yes No
 If you are in this country temporarily, indicate visa status _____
- 4. Do you have any relatives currently employed by the Wisconsin Department of Revenue? Yes No
 If Yes, please list:
 Name _____
 Division _____
- 5. How did you learn of this job opportunity? _____

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

Gender: Female Male

Birthdate: ____ / ____ / ____
(must be 18 years or older to apply)

Racial / Ethnicity:

- American Indian / Alaska Native
- Asian
- Black / African American
- Hispanic / Latino
- Native Hawaiian / Other Pacific Islander
- White
- Other

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.

Signature	Date (mm/dd/yyyy)
-----------	-------------------

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
PO Box 8931
Madison WI 53708-8931

or Email: DORHumanResources@wisconsin.gov