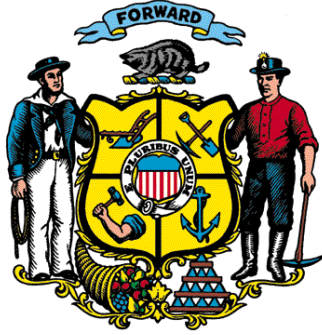


# STATE OF WISCONSIN

## APPLICATION FOR STATE EMPLOYMENT



### General Instructions

- These instructions are for use in completing the Application for State Employment, form OSER-DMRS-38.
- Applications will be accepted **only** for vacancies announced online at [www.Wisc.Jobs](http://www.Wisc.Jobs), [WiscERS.state.wi.us](http://WiscERS.state.wi.us) (for at-risk or laid-off state employees only), or in the Wisc.Jobs Bulletin.
- **Read the announcement carefully and submit application materials to the address listed in the announcement.**
- **Print clearly!** If we cannot read your information we cannot process your application.
- You **must** provide the following: **job announcement title, job announcement code, first name, last name, last four digits of social security number, month of birth, day of birth, mother's maiden name (last name only), mailing address, city, state, zip code, country, legal authorization to work in the U.S., Wisconsin residency, work hours, county(ies) where you will accept employment, and signature on certification statement.**
- You must ensure that the completed, signed application is received on or before the announced deadline date, at the specified location. **The Office of State Employment Relations (OSER) and other state agencies are not responsible for late, lost, misdirected or damaged mail.**
- You may take clean photocopies of the application, printed front and back on one sheet of paper, and submit that as the official application.
- As a veteran with an honorable discharge or a spouse of a veteran, you may be eligible to receive additional points on your civil service scores. Current state employees are not eligible for veterans points. Please view the Veterans Preference Supplement form OSER-MRS-38L, found online at <http://OSER.state.wi.us> under "Jobs" at Application Forms.
- Qualified persons with a disability may be eligible for consideration in the interview process. Please complete the Disabled Expanded Certification form OSER-MRS-159, found online at <http://OSER.state.wi.us> under "Jobs," at Application Forms.
- Questions should be directed to the contact in the job announcement, or the Office of State Employment Relations, Employment Services Center can be contacted by telephone (608) 266-1731, or e-mail [ESC@wisconsin.gov](mailto:ESC@wisconsin.gov).
- **SCORE REUSE:** Some exams allow applicants to reuse their score instead of retaking the exam, and the grade notice will indicate if an applicant can use this option. Applicants interested in score reuse should do so by the Score Reuse date indicated on their Notice of Examination Results or Reuse Score By date in their online Wisc.Jobs job cart. This can be completed online by creating an account on [www.Wisc.Jobs](http://www.Wisc.Jobs) or checking the score reuse box in section 1 of this application (under the job announcement title) and submitting to the contact on your grade notice or the Office of State Employment Relations, P.O. Box 7855, Madison, WI 53707-7855. Applicants also may call the Office of State Employment Relations, Employment Services Center at (608) 266-1731, or e-mail [ESC@wisconsin.gov](mailto:ESC@wisconsin.gov). Refer to [www.Wisc.Jobs](http://www.Wisc.Jobs) or the contact listed in the job announcement for more information.

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1. JOB ANNOUNCEMENT TITLE

A job title is required to process your application. Complete an application for each job you apply for unless the job titles were announced in the same announcement. Enter the job title as it appears in the announcement.

JOB ANNOUNCEMENT CODE

An accurate Job Announcement Code is required to process your application. The Job Announcement Code is listed in the heading of the job announcement. If the job announcement lists two Job Announcement Codes, enter the second code on the line provided.

2. NAME

A last name, first name, and middle initial (if applicable) are required to process your application.

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

The last four digits of your Social Security Number are required to process your application.

DATE OF BIRTH

Use numbers to identify the month and day you were born (MM and DD) example: January 2 would be 01 and 02. The month and day of your birth are required to process your application. Year of birth is optional and is used as an additional identifier only.

MAILING ADDRESS

Your Address, City, State, Zip Code and Country are required to process your application. If you have an existing Wisc.Jobs job cart you may update your information online anytime at [www.Wisc.Jobs](http://www.Wisc.Jobs). If you do not have an existing job cart, you may create one at [www.Wisc.Jobs](http://www.Wisc.Jobs) or notify the Office of State Employment Relations by mail: P.O. Box 7855, Madison, WI 53707-7855; phone (608) 266-1731; or e-mail [ESC@wisconsin.gov](mailto:ESC@wisconsin.gov).

MOTHER'S MAIDEN NAME

This information is required to process your application. Enter your mother's maiden name (last name only) or another name or word that will serve as an additional identifier to make your applicant record unique.

PHONE NUMBER(S)

Please provide a phone number(s) where you can be reached if there are questions regarding your application or to schedule an interview.

3. LEGALLY AUTHORIZED TO WORK IN THE U.S.

Completion of this section is required to process your application. Check YES only if you are one of the following: (1) a citizen or national of the United States; (2) a lawful permanent resident; or (3) an alien authorized to work in the United States.

4. WISCONSIN RESIDENCY

Completion of this section is required to process your application. Indicate whether you are a permanent resident of the State of Wisconsin. Wisconsin residency is required only for Limited Term and Project positions.

5. WORK HOURS

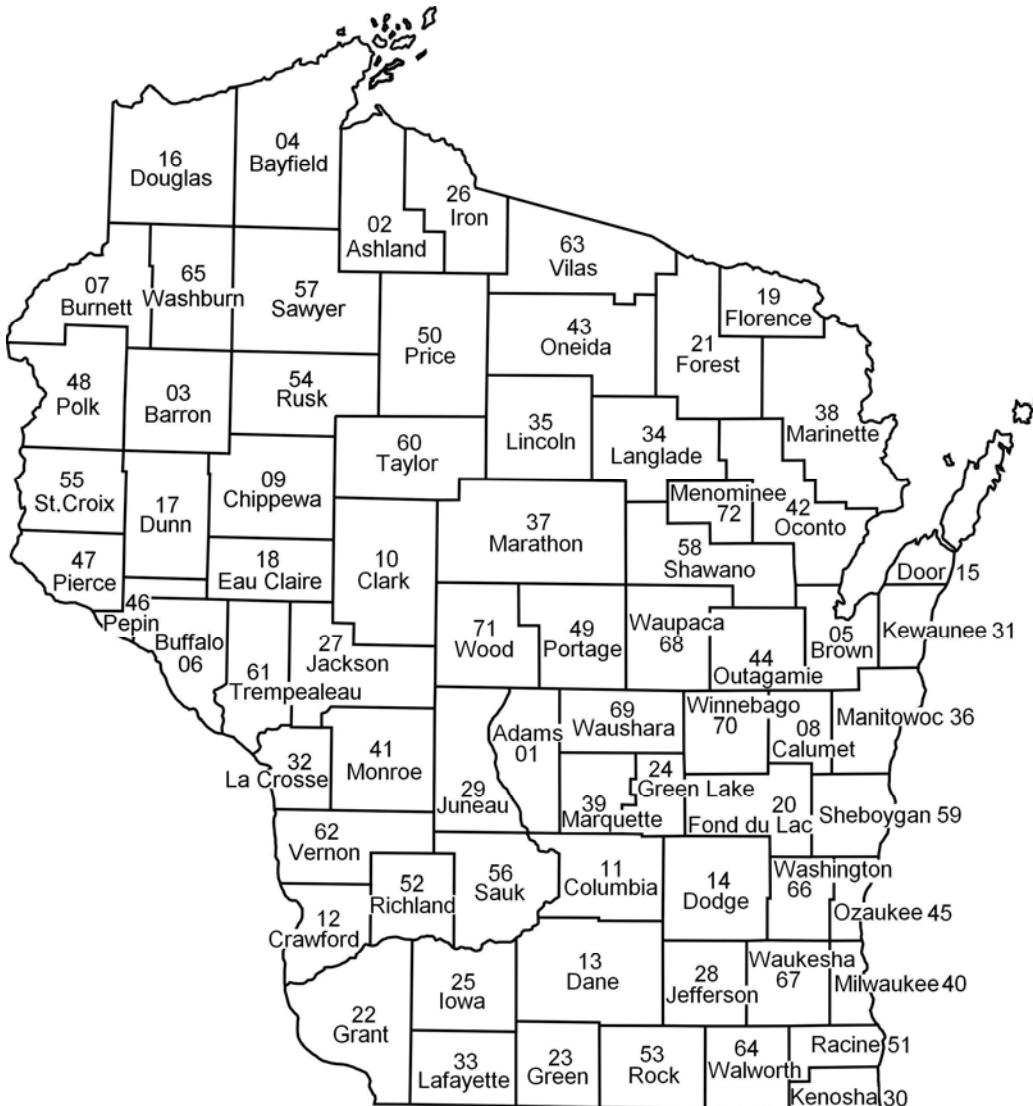
You must include the type of work you will accept in order for us to process your application. Check all types of work hours that you will accept.

INSTRUCTIONS CONTINUE ON THE NEXT PAGE

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6. **COUNTIES WHERE YOU WILL ACCEPT EMPLOYMENT** *(PLEASE NOTE THAT COUNTY CODES HAVE CHANGED.)*  
At least one code is required to process your application. Select the desired code(s) below for the county(ies) where you will accept work and transfer that two-digit number to section 6 in the application. We will only consider you for jobs in the locations you indicate on your application.

<b>Code</b>	<b>County</b>	<b>Code</b>	<b>County</b>	<b>Code</b>	<b>County</b>	<b>Code</b>	<b>County</b>	<b>Code</b>	<b>County</b>
00	All Counties	15	Door	30	Kenosha	44	Outagamie	59	Sheboygan
01	Adams	16	Douglas	31	Kewaunee	45	Ozaukee	60	Taylor
02	Ashland	17	Dunn	32	La Crosse	46	Pepin	61	Trempealeau
03	Barron	18	Eau Claire	33	Lafayette	47	Pierce	62	Vernon
04	Bayfield	19	Florence	34	Langlade	48	Polk	63	Vilas
05	Brown	20	Fond du Lac	35	Lincoln	49	Portage	64	Walworth
06	Buffalo	21	Forest	36	Manitowoc	50	Price	65	Washburn
07	Burnett	22	Grant	37	Marathon	51	Racine	66	Washington
08	Calumet	23	Green	38	Marinette	52	Richland	67	Waukesha
09	Chippewa	24	Green Lake	39	Marquette	53	Rock	68	Waupaca
10	Clark	25	Iowa	40	Milwaukee	54	Rusk	69	Waushara
11	Columbia	26	Iron	41	Monroe	55	St. Croix	70	Winnebago
12	Crawford	27	Jackson	42	Oconto	56	Sauk	71	Wood
13	Dane	28	Jefferson	43	Oneida	57	Sawyer	99	Outside Wisconsin
14	Dodge	29	Juneau			58	Shawano		



Cities with population of more than 100,000:

- Madison (state capital) is in Dane County, code 13
- Milwaukee (largest city) is in Milwaukee County, code 40
- Green Bay is in Brown County, code 05

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7. GENDER - Check only one box.
8. RACE/ETHNICITY - Check only one box 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 Alaska Native: Persons descending from any of the original peoples of North America who possess ¼ degree of documented tribal descendance 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.

*Gender and race/ethnicity information is used for equal employment opportunity/affirmative action (EEO/AA) purposes only. This information is confidential and is retained by state human resources professionals. If you do provide this information, you may be eligible for further consideration of job opportunities through the State of Wisconsin EEO/AA Plan.*

9. EDUCATION LEVEL - Check only one box on the application. Indicate your single highest level of education completed.
10. HOW DID YOU FIND OUT ABOUT THIS JOB?  
Please identify the source(s) of information that led you to apply for this vacancy. Use the check boxes on page 2 of the application.
11. ACTIVE MILITARY DUTY  
If you are an active military duty member and unable to test at the regularly scheduled exam centers, complete this section along with the rest of the required application information, and return to the Office of State Employment Relations; Attention Exam Administration Coordinator; P.O. Box 7855; Madison, WI 53707-7855.
12. CERTIFICATION STATEMENT  
Your application must be signed in order to process the application.



**Improve the State  
of your career**

Search State of Wisconsin government employment opportunities online  
at [www.Wisc.Jobs](http://www.Wisc.Jobs).

Thank you for your interest in Wisconsin State Government employment. Wisconsin wants to find the best qualified people available to serve its citizens. Although everyone who applies cannot be hired, your application will be given every consideration.

# STATE OF WISCONSIN APPLICATION FOR STATE EMPLOYMENT

\* Indicates mandatory fields

## 1. \* Job Information

Job Announcement Title <span style="background-color: yellow;">(Complete an application for each job.)</span>	Job Announcement Code(s) <i>(seven digits)</i> _____ - _____ _____ - _____
<input type="checkbox"/> Score Reuse: Some exams allow applicants to reuse their exam scores. See page 1 of the instructions to learn more about score reuse.	

## 2. Personal Information

* Last Name:	* First Name:	Middle Initial:
* Last Four Digits of Social Security Number: _____	* Month of Birth (MM): _____	* Day of Birth (DD): _____
* Mailing Address 1:		
Mailing Address 2:	* Mother's Maiden Name: <span style="background-color: yellow;">(last name only)</span>	
* City:	* State:	* Zip Code:
* Country:		
E-Mail Address:		
Daytime Phone Number:	Evening Phone Number:	
Other Phone Number (e.g., cell):	Fax Number:	

3. \* Are you currently legally authorized to work in the United States?  Yes  No

4. \* Are you a Wisconsin resident?  Yes  No

## 5. \* Work Hours (Check all that you will accept.)

<input type="checkbox"/> Full Time (40 hrs/week)	<input type="checkbox"/> Evening 2 <sup>nd</sup> Shift (3pm to 11 pm or similar hours)
<input type="checkbox"/> Part Time (less than 40 hrs/week)	<input type="checkbox"/> Evening 3 <sup>rd</sup> Shift (11pm to 7am or similar hours)
<input type="checkbox"/> Seasonal (minimum of 600 hours per year but less than 1,828 hours per year.)	

## 6. \* Counties Where You Will Accept Employment (PLEASE NOTE THAT COUNTY CODES HAVE CHANGED.)

**Note:** We will only consider you for jobs in the locations you indicate below. You must identify at least one county for us to process your application. Enter 2-digit County Code(s) below using the list provided on page 3 of the instructions.

County Code(s): \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_

Application continues on next page

Administrative Use Only
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### 7. Gender

<input type="checkbox"/> Female	<input type="checkbox"/> Male
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### 8. Race / Ethnicity

<b>(Check only one.)</b>	
<input type="checkbox"/> 1. Black (not Hispanic)	<input type="checkbox"/> 3. American Indian or Alaskan Native
<input type="checkbox"/> 2. Asian or Pacific Islander	<input type="checkbox"/> 4. Hispanic
	<input type="checkbox"/> 5. White (not Hispanic)

### 9. Education Level

<b>(Check highest level completed.)</b>	
<input type="checkbox"/> 1. Did not complete high school/GED	<input type="checkbox"/> 5. One-year vocational diploma
<input type="checkbox"/> 2. Completed GED/HSED	<input type="checkbox"/> 6. Two-year associate degree
<input type="checkbox"/> 3. Graduated from high school	<input type="checkbox"/> 7. Bachelor's degree
<input type="checkbox"/> 4. Some college, no degree	<input type="checkbox"/> 8. Some graduate degree courses
	<input type="checkbox"/> 9. Graduate college degree

### 10. How did you hear about this job?

<input type="checkbox"/> 1. Office of State Employment Relations	Internet:
<input type="checkbox"/> 2. Job Service/Job Center	<input type="checkbox"/> 9. Wisc.Jobs
<input type="checkbox"/> 3. State Agency/UW Campus	<input type="checkbox"/> 10. JobCenterOfWisconsin.com (JobNet)
<input type="checkbox"/> 4. Wisc.Jobs Bulletin	<input type="checkbox"/> 11. State Agency/UW Campus Website
<input type="checkbox"/> 5. Referred by Current State Employee	
<input type="checkbox"/> 6. Referred by Friend or Family	<input type="checkbox"/> 12. Other: _____
<input type="checkbox"/> 7. Job Fair	Please list other source
<input type="checkbox"/> 8. Newspaper	

### 11. Active Duty Military

We will test active duty military members stationed out of state who are unable to test at a regularly scheduled exam center. 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.

Test Control Officer: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Title: \_\_\_\_\_ Agency: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### 12. \* Certification Statement

By signing below, I certify that the information I have provided 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: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_