

Notice: This form is to be used when applying for a LTE position with the Department of Natural Resources.

Applicant Information

Title of position for which you are applying	Job ID#	Last Name	First	MI
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Phone (include area code)	Personal Email
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Complete Mailing Address	City	State	ZIP Code
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Permanent Address (if different)	City	State	ZIP Code
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Type of employment you would accept? full-time part-time summer only daytime only all

When are you available for work? Now Month ____ Day ____ Do you have a commercial driver's license? Yes No

Education

Select the highest grade completed in high school: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	Select years of college completed: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6
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Training beyond high school: (List college, technical school, etc.) Name and Location of School(s)	Dates From / To	Major	Degree and Year or Credits Earned

Describe any additional education, training, certifications, skills, or specialized training you have (include operation of equipment)

Work Experience (This section must be completed. You may attach a resume to provide additional information.)

Employer's Name	Location (city and state)
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Your title and duties	Name, address, telephone number of reference
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Reasons for leaving or considering leaving	Length of Employment From _____ To _____
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Limited Term Employment Application

Form 9100-162 (R 2/14)

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Applicant Name _____

Work Experience (This section must be completed. You may attach a resume to provide additional information.)

Employer's Name	Location (city and state)
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Your title and duties	Name, address, telephone number of reference
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Reasons for leaving or considering leaving	Length of Employment From _____ To _____
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Employer's Name	Location (city and state)
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Your title and duties	Name, address, telephone number of reference
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Reasons for leaving or considering leaving	Length of Employment From _____ To _____
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Additional Information

Are you a minor? (under the age of 18)

Yes No

If yes, please list your birth date: _____
MM/DD/YYYY

Note: You will be required to have a work permit.

Wisconsin Residency: In order to be employed as a Limited Term Employee, you must be a Wisconsin Resident upon appointment. Wisconsin Statutes defines resident as a person who: has established a residence (defined as a place where the person's habitation is fixed without any present intent to move and to which, when absent, the person intends to return) in the state not less than 10 days earlier; has resided in the state for not less than a total of one year out of the immediately preceding 5 years; is eligible to register to vote in the state; or is the spouse of a person meeting one of the above requirements.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Are you a Wisconsin resident? Yes No

Applicant Certification

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

NOTE: If submitting this request electronically, please type your name on the signature line.
The email message generated from electronic submittal of this form will be used as an electronic signature.

Signature of Applicant _____

Date Signed _____

Printed Name of Applicant (for paper applications only) _____