

Fill and Print Only Sign Application Prior to Mailing

State of Wisconsin
Department of Natural Resources

Limited Term Employment Application

Form 9100-162 (R 4/02)

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		Type of employment you would accept ? <input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> summer only <input type="checkbox"/> daytime only <input type="checkbox"/> all	
Name (last, first, middle)	Residence Phone No. (incl area code)		When are you available for work ? <input type="checkbox"/> Now Month _____ Day _____
Complete mailing address	Business Phone No. (incl area code)		
City	State	ZIP Code	Do you have a commercial driver's license ? <input type="checkbox"/> Yes <input type="checkbox"/> No
Permanent Address if different		E-mail address	

Education

Type in the highest grade completed in high school 1 2 3 4 5 6 7 8 9 10 11 12	Type in the Years of College 1 2 3 4 5 6		
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)
Your title and duties	Name, address, telephone number of reference
Reasons for leaving or considering leaving	Length of employment From: _____ To: _____

Fill and Print Only Sign Application Prior to Mailing

Limited Term Employment Application

Form 9100-162 (R 4/02)

Work Experience (Continued)

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

Demographics

For demographic collection purposes only used by the Wisconsin Department of Employment Relations, mark the appropriate box.

Sex	<input type="checkbox"/> Female	<input type="checkbox"/> Male
-----	---------------------------------	-------------------------------

Race and Ethnicity

<input type="checkbox"/> Black (not of Hispanic origin)	<input type="checkbox"/> Asian or Pacific Islander (includes Far East, Southeast Asia, Indian subcontinent, Pacific Islands, Philippines, Samoa)	<input type="checkbox"/> White (not of Hispanic origin; origins in Europe, North Africa or Middle East)
<input type="checkbox"/> American Indian / Alaskan Native	<input type="checkbox"/> Hispanic (Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture)	

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.

Citizenship Citizen by birth Naturalized Non-citizen

If you are not a U.S. citizen, you will be required to provide such authorization if you are offered a position.

Applicant Certification

I understand that all the information 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.

Signature	Date Signed
-----------	-------------