

SENATE MESSENGER APPLICATION

SENATE SERGEANT AT ARMS
STATE CAPITOL BUILDING, ROOM B35S
P.O. BOX 7882, MADISON, WI 53707-7882
(608) 266-1801
SenateSergeant@legis.state.wi.us

NAME _____ SOCIAL SECURITY # _____

PRESENT ADDRESS _____

(NUMBER AND STREET)

(CITY, STATE AND ZIP)

(TELEPHONE)

PERMANENT ADDRESS _____

(NUMBER AND STREET)

(CITY, STATE AND ZIP)

(TELEPHONE)

EDUCATION

NAME & LOCATION OF SCHOOL....(INCLUDE) DATES ATTENDED/GRADE COMPLETED

HIGH SCHOOL _____

COLLEGE _____

ADDITIONAL EDUCATION/TRAINING _____

PERSONAL INFORMATION

DATE OF BIRTH _____ SEX _____ DISABLED _____

(Date of birth, sex and disability information is for Affirmative Action purposes. It will not be used to discriminate against any employee.)

GENERAL INFORMATION

TYPE OF EMPLOYMENT WANTED: FULL TIME _____ PART-TIME _____ EITHER _____

(If part-time, list preference: Mornings _____ Mid-day _____ Afternoons _____)

WHEN WILL YOU BE AVAILABLE FOR EMPLOYMENT? _____

ARE YOU A WISCONSIN RESIDENT? _____ UNITED STATES CITIZEN? _____

DO YOU HAVE A VALID DRIVER'S LICENSE? _____ WHAT STATE? _____

-OVER-

WORK EXPERIENCE

PRESENT/MOST RECENT **EMPLOYER** _____

ADDRESS _____

DATES OF EMPLOYMENT- FROM _____ TO _____

REASON FOR LEAVING _____

DUTIES _____

EMPLOYER _____

ADDRESS _____

DATES OF EMPLOYMENT- FROM _____ TO _____

REASON FOR LEAVING _____

DUTIES _____

REFERENCES

NAME _____ NAME _____

ADDRESS _____ ADDRESS _____

TELEPHONE _____ TELEPHONE _____

The Wisconsin State Senate is committed to providing equal employment opportunity in all terms, conditions or privileges of employment, including but not limited to: recruitment; certifications; selection; job assignments; working conditions; fringe benefits; compensation; training; transfer; layoffs; disciplinary actions; terminations or promotions. It is the policy of the State Senate to promote fair and equitable treatment of all employees and to comply with federal and state legislation.

May we conduct a personal background check including contact of your references and review other records as may be required for some positions? YES___ NO___ If no, please explain. _____

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 _____