



Senate Messenger Application

PERSONAL INFORMATION:

Full Name: _____ Date of Birth _____ Sex: _____

Email Address: _____ Phone: _____

PRESENT ADDRESS:

Street _____ Apt. _____ City: _____ State: _____ Zip: _____

PERMANENT ADDRESS:

Street _____ Apt. _____ City: _____ State: _____ Zip: _____

Phone: _____

Home Senate District: _____

EDUCATION:

High School (name and location)

College (name and location)

Dates Attended

Grade Completed

Dates Attended

Grade Completed

Additional Education

Dates Attended

Grade Completed

WORK EXPERIENCE:

Present/Most Recent Employer _____

Address: _____ City: _____ State: _____ Zip: _____

Employed from: _____ To: _____ Reason for leaving: _____

Duties _____

JOB PRIOR:

Employer _____

Address: _____ City: _____ State: _____ Zip: _____

Employed from: _____ To: _____ Reason for leaving: _____

Duties _____



Employer _____

Address: _____ City: _____ State: _____ Zip: _____

Employed from: _____ To: _____ Reason for leaving: _____

Duties _____

GENERAL INFORMATION:

Employment Sought: Full Time Part Time Either

If part time, list preference: Mornings Mid-day Afternoon

Date available

Are you a US Citizen? Yes No

Are you a state Resident? Yes No

Do you have a valid driver's license? Yes No What State? _____

REFERENCES:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

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; selections; 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: _____

By submitting this document you acknowledge that all information on this application is true to the best of your knowledge and that any false or missing job related information may disqualify me for this position.