



WISCONSIN COUNCIL ON BUILDING SUSTAINABILITY APPLICATION FOR A SECRETARIAL APPOINTMENT

INSTRUCTIONS

Thank you for expressing an interest in serving Wisconsin. The advisory councils and committees attached to the Department of Safety and Professional Services advise the department on issues and rules relating to various professions and programs. To be considered, please complete the application below.

PART I

Name (First, Middle Initial, Last):			
Home Address 1:			
Address Line 2:			
City:		ZIP Code:	
Home Phone:		Cell Phone:	
E-mail Address:		Date of Birth:	
State Senator:		State Representative:	
Job Title, Company:			
Work Address 1:			
Address Line 2:			
City:		ZIP Code:	
Work Phone:		Fax Number:	
Preferred Mailing Address (please check one):	<input type="checkbox"/> Home <input type="checkbox"/> Work		
What is your state of residence?			
Are you a state employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, list your Department and Division.			
Are you an elected official?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what is your position?			

Are you a licensed/certified professional? If so, please specify.
Do you belong to any professional groups? If so, please specify.

*Demographic Information is Optional

Disability:		Veteran:	
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity:	

Part II

Councils or Committees Sought (Please list in order of preference and specify member type, if known.):

1.	
2.	
3.	
4.	

In the space provided below, please list the names of three people who are willing to serve as references. Please also include phone numbers and their relationship to you.

Name	Phone Number	Relationship to You
1.		
2.		
3.		

Did anyone refer you to this board, council or committee? If so, who?

1.	
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RESUME

Please attach a copy of your resume to this application. Please include relevant work experience, education, community involvement, government or military service, honors, awards, and other talents.

- By submitting this application, you are affirming that all the statements you have made in this document are true and that you understand that a background check may be conducted if you are considered for appointment.
- Under Wisconsin Statutes 19.36(7)(b), as an applicant for this position, you have the limited right to request that your identity be kept in confidence. If you wish to reserve this right, you must attach to our application a letter requesting confidentiality of your identify with respect to this application.
- This right prevents your identity from being released in response to a public records request unless; you are appointed to the position or you are a finalist for the position as defined by Wisconsin Statute 19.36(7)(a).

Applications should be faxed to:	Applications should be emailed to:	Applications should be mailed to:
608-267-0644	DSPSAppointments@wisconsin.gov	Department of Safety & Professional Services Office of the Secretary P.O. Box 8935 Madison, WI 53708-8935