

UNIVERSITY OF WISCONSIN OSHKOSH TRANSFER/REINSTATEMENT REQUEST

Please answer the following questions and return it with your completed application to:

Human Resources Office
University of Wisconsin Oshkosh
800 Algoma Blvd.
Oshkosh, WI 54901

Your request for transfer/reinstatement will be kept on file for six (6) months.

Name: (Last, First, MI)

Current State Civil Service Classification:

Place of Employment:

State Service Date/Seniority Date (provide adjusted date, if applicable):

If applying for reinstatement, what civil service classification do you have eligibility for:

Separation date from state service:

Verification of Employment

Human Resources/Personnel Office Contact Person:
Telephone Number:

I wish to be considered for the following types of positions (circle all that apply):

Daytime

Evening

Part time, only

full time, only

part or full time

I am willing to consider a demotion: Yes No

1 Pay Range

2 Pay Ranges

I am not willing to consider a demotion

SPECIAL NOTICE: For UW Oshkosh campus safety information and crime statistics/Annual Report see <http://www.uwosh.edu/departments/up/anrpt.html> and for drug and alcohol information see <http://www.tts.uwosh.edu/dean/CampusSecurityAct/>, or call the Human Resources at 920/424-1166 for a paper copy.



NAME	Last	First	Middle I.	SOCIAL SECURITY NUMBER
ADDRESS	Street	City	State	Zip Code
				TELEPHONE NUMBERS Home: () Business: ()
Are you a Legal State of Wisconsin Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever worked for the State of Wisconsin? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, give Location: _____ UW Oshkosh? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____				
EDUCATION AND TRAINING				
Name and Location			Major Field/Degree	
High School: _____			_____	
Vocational/Technical: _____			_____	
College: _____			_____	
Other: _____			_____	
Formal Apprenticeship Served				
Trade:		Dates:		Where?
Office Skills				Equipment Operated:
Typing (WPM): _____ Shorthand (WPM): _____				
Personal Computer/word processing skills:				
Describe any other Education, Training, or Skills:				
Military Service				
Date of Entry on Active Duty:		Date of Discharge:		Branch:
Job Duties:				
Special Training/Skills				

WORK EXPERIENCE: Begin With Your Present or Most Recent Employer

Recent Employer	Your Title	Dates of Employment From: To:	Full-time ____ Part-time ____ Temporary ____	Salary
Address	Duties		Reason for Leaving	
City			Work Reference	
Telephone Number			Telephone Number	
Recent Employer	Your Title	Dates of Employment From: To:	Full-time ____ Part-time ____ Temporary ____	Salary
Address	Duties		Reason for Leaving	
City			Work Reference	
Telephone Number			Telephone Number	
Recent Employer	Your Title	Dates of Employment From: To:	Full-time ____ Part-time ____ Temporary ____	Salary
Address	Duties		Reason for Leaving	
City			Work Reference	
Telephone Number			Telephone Number	
Recent Employer	Your Title	Dates of Employment From: To:	Full-time ____ Part-time ____ Temporary ____	Salary
Address	Duties		Reason for Leaving	
City			Work Reference	
Telephone Number			Telephone Number	

May we conduct a personal background check including contact of your references named above and review other records as may be required for some positions? _____ YES _____ NO If not, Why? _____

I understand that all 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 from this position.

SIGNATURE

DATE