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|  | | | | | Wisconsin Department of Agriculture,  Trade and Consumer Protection  Division of Agricultural Development  PO Box 8911, Madison, WI 53708-8911.  Phone: 608-224-4872 Fax: 608-224-4871 | | | | | | | | |
| Alice in Dairyland Application | | | | | | | | | | | | | | |
| Complete all items below accurately**. Print or type all** information. Submit this application with a cover letter, resume, 150-word personal biography, and the contact information for three professional references to [DATCPAlice@wisconsin.gov](mailto:DATCPAlice@wisconsin.gov?subject=Alice%20in%20Dairyland%20Application) (preferred) or PO Box 8911, Madison, WI 53708-8911. | | | | | | | | | | | | | | |
| \*\*\*All application materials must be received by DATCP by 4:30 PM on Friday, February 3, 2023\*\*\*  You will receive confirmation of your submission. | | | | | | | | | | | | | | |
| 1. Contact Information | | | | | | | | | | | | | | |
| FIRST NAME | | MIDDLE NAME | | | LAST NAME | | | | | DATE OF BIRTH | | | | |
| PREFERRED MAILING ADDRESS STREET | | | | CITY | | | | | | | STATE | | ZIP | |
| HOME ADDRESS (If different mailing address) | | | | CITY | | | | | | | STATE | | ZIP | |
| BUSINESS PHONE:  (     )     - | BUSINESS PHONE:  (     )     - | | EMAIL | | | | PREFERRED CONTACT METHOD (Select one)  Home Phone  Cell Phone | | | | | | | |
| 1. I am currently legally authorized to work in the United States. | | | | | | | | | Yes | | | No | | |
| 1. I am a Wisconsin resident. | | | | | | | | | Yes | | | No | | |
| 1. I have a valid Wisconsin Driver’s License. | | | | | | | | | Yes | | | No | | |
| If Yes, please provide your Wisconsin Driver’s License number: | | | | | |  | | | | | | | | |
| 1. Certification Statement: I certify that the information I have provided in this application, cover letter, resume, three professional references, and summary of qualifications is true to the best of my knowledge. I understand that I may be required to verify information. I understand that any false, misleading, or missing information may disqualify me from employment consideration. | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | |
| SIGNATURE | | | | | | | | DATE | | | | | | |

**DATCP conducts the Alice in Dairyland program under its authority in Wis. Stat. § 93.07(3). Completing this form is voluntary. Personally identifiable information provided on this form may be used for purposes other than which is originally collected. Wis. Stat. § 15.04(1)(m).**