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|  | | | | | | **Veteran Service Officer Order Form** | | | | | |
| Request Date: Select today’s date | | | | | |
| *Fill out form electronically and email to* [*wpp@wisconsin.gov*](mailto:wpp@wisconsin.gov)*; All fields are required unless denoted as (optional).* | | | | | | | This form should only be completed by government agencies in Wisconsin,  including cities, villages, towns, counties, school districts, technical colleges,  tribal, etc. | |
| **Examination Information:** | | | | | | | *Complete ALL information below* | | |
|  | | Organization: | Enter organization name | | | | | |
|  | | Examination Date: | Select date to be posted on Wisc.Jobs | | | | | |
|  | | Position Title: | Enter position title | | | | | |
|  | | Number of Applicants: | Enter number of applicants | | | | | |
|  | | Shipping Address: | Enter shipping address | | | | | |
|  | | Special Handling Instructions: | Enter handling instructions | | | | | |
| **Contact Information:** | | | | | *Complete this section for all orders* | | | | | |
|  | | Name: | | Enter contact name | | | | |
|  | | Title: | | Enter contact title | | | | |
|  | | Phone Number: | | Enter contact phone number | | | | |
|  | | Email: | | Enter contact email | | | | |
| **Billing Information:** | | | | | *Complete this section when placing an order for the first time or if information has changed* | | | | | |
|  | | Name: | | Enter billing contact name. | | | | |
|  | | Title: | | Enter billing contact title | | | | |
|  | | Address (optional): | | Enter billing address if different from shipping address | | | | |
|  | | Phone Number: | | Enter billing contact phone number | | | | |
|  | | Email: | | Enter billing contact email | | | | |
| **Results Contact Information:** | | | | | *Complete this section if different from Contact Information section* | | | | | |
|  | | Name: | | Enter contact name | | | | |
|  | | Title: | | Enter contact title | | | | |
|  | | Phone Number: | | Enter contact phone number | | | | |
|  | | Email: | | Enter contact email | | | | |

**Must Include:**

* **Position Description** for this recruitment
* Applicant list using the provided template
* **Security Agreement** for each person handling the exam
* **Exam User Agreement** completed by subject matter expert

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| State of Wisconsin  Department of Administration  Division of Personnel Management  DOA-15540 (C3/2017) | **WISCONSIN**  **PERSONNEL PARTNERS**  **EXAM SECURITY AGREEMENT** | 101 E Wilson Street, 4th floor  PO Box 7855  Madison, WI 53705-7855  (608) 266-1088  Fax: (608) 267-1000  E-mail: [wpp@wisconsin.gov](mailto:wpp@wisconsin.gov)  Website: <http://wpp.wi.gov> |

**DIRECTIONS: Please read this Exam Security Agreement carefully. If you agree, sign and date the form below.**

The undersigned will have access to and knowledge of confidential testing information, including examination questions.

The undersigned agrees to keep the testing information confidential; and not to copy the materials, discuss them with anyone; or allow any other person to have access to them.

The undersigned acknowledges, under the provisions of ss. 63.14 (2), 63.38, 63.17, 63.52 (1), and/or 230.43 (1) and (3), Wis. Stats., any person who, alone or in cooperation with one or more persons, engages in any the following activities, whether willfully or through culpable negligence, shall be guilty of a misdemeanor and shall, on conviction thereof, be punished by a fine of not less than $50 nor more than $1,000, or by imprisonment for not more than one year in the county jail or both:

* Defeats, obstructs, or deceives a person desiring to take an examination;
* Corruptly or falsely marks, grades, estimates or reports upon the examination or proper standing of any person examined;
* Makes false representations concerning an exam, scoring or the person examined;
* Furnishes to any person any special or secret information for the purposes of either improving or injuring the prospects or chances of any person examined, or to be examined, of being appointed, employed or promoted; OR
* Personates any other person, or permit or aid in any manner any other person to personate him or her, in connection with any examination, registration, application, or request for examination or registration.

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Wisconsin Personnel Partners is a program of the State of Wisconsin, Department of Administration, Division of Personnel Management (“Division”). The Division has completed a state-wide job analysis study demonstrating the job-relatedness of this exam for its intended use. It is the user’s responsibility to obtain sufficient evidence that the skills measured by this exam are valid job requirements and to ensure that the hiring process, and all applications of this exam complies with all applicable laws, regulations and professional guidelines for employee selection. The user agrees that the Division is not liable for any damage or expense incurred by the user arising from any third party claim.

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| --- | --- | --- | --- |
| Exam Title: | Veteran Service Officer | Exam Number: | 0443-040-203 |
| Print Name: | Enter name | Jurisdiction: | Enter jurisdiction |
| Signature: |  | Date: |  |

*Signature above indicates understanding that all materials and information gained during the staffing process are considered special or confidential within the meaning of ss. 63.14 (2), 63.38, 230.43, Wis. Stats. and must be kept confidential and may not be copied, discussed, or allowed to be accessed by anyone not specifically authorized by the Division.* *A violation of this agreement is a misdemeanor punishable by fine of not less than $50 nor more than $1,000 or by imprisonment for not more than one year in the county jail or both under ss. 63.17, 63.52(1), or 230.40, Wis. Stats*.

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| State of Wisconsin  Department of Administration  Division of Personnel Management  DOA-15541 (C3/2017) |  | 101 E Wilson Street, 4th floor  PO Box 7855  Madison, WI 53705-7855  (608) 266-1088  Fax: (608) 267-1000  E-mail: [wpp@wisconsin.gov](mailto:wpp@wisconsin.gov)  Website: <http://wpp.wi.gov> |

**WISCONSIN PERSONNEL PARTNERS**

**EXAM USER ACKNOWLEDGEMENT AND AGREEMENT**

|  |  |
| --- | --- |
| Name of Evaluator: |  |
| Contact Phone Number |  |
| Title & Number of Exam Being Evaluated: | Veteran Service Officer |
| Jurisdiction: |  |
| Position Title Being Filled: |  |

Per s. 63.08 (1) (b), Wis. Stats. “Every examination, including minimum training and experience requirements, to fill a vacant position under this section shall be job-related in compliance with appropriate validation standards.”

Check all that apply:

I have reviewed the examination, and I certify that it is representative and is appropriate for this position or level.

I have reviewed the job description for this position and the examination, and I certify that the examination is not representative or suitable for this position or level for the following reason (s):

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I have been given the opportunity to review the examination and I do not feel that a review is necessary.

I have previously reviewed the examination.

Wisconsin Personnel Partners is a program of the State of Wisconsin, Department of Administration, Division of Personnel Management (“Division”). The Division has completed a state-wide job analysis study demonstrating the job-relatedness of this exam for its intended use. It is the user’s responsibility to obtain sufficient evidence that the skills measured by this exam are valid job requirements and to ensure that the hiring process, and all applications of this exam complies with all applicable laws, regulations and professional guidelines for employee selection. The user agrees that the Division is not liable for any damage or expense incurred by the user arising from any third-party claim.

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| --- | --- | --- | --- |
| Print Name: |  | Position: |  |
| Signature: |  | Date: |  |

*Signature above indicates understanding that all materials and information gained during the staffing process are considered special or confidential within the meaning of ss. 63.14(2) or 63.38, Wis. Stats. and must be kept confidential and may not be copied, discussed, or allowed to be accessed by anyone not specifically authorized by the Division. A violation of this agreement is a misdemeanor punishable by fine of not less than $50 nor more than $1,000 or by imprisonment for not more than one year in the county jail or both under ss. 63.17 or 63.52(1), Wis. Stats.*