## Wisconsin's Agricultural Ambassador

WI Dept. of Agriculture, Trade and Consumer Protection Division of Agricultural Development

\*

Date of Birth

2811 Agriculture Drive, Madison, WI 53708 http://datcp.wisconsin.gov

## Alice in Dairyland Application

Complete all items below accurately. Print or type all information. Submit this application with a cover letter, resume, and the contact information for three professional references to:

> Alice in Dairyland Program Director PO Box 8911 Madison, WI 53708-8911 DATCPAlice@wisconsin.gov (Email submissions are preferred)

> > First Name

\*\*\*All application materials must be received at WDATCP by 4:30 PM Monday, February 3, 2020\*\*\*

Middle Name

## 1. Contact Information:

Last Name

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Preferred Mailing Address:			
City:	State:		Zip:
Home Address if different:			
Home Phone:	E-Mail Address:		
Cell Phone:	Preferred method for calling:		
	Home Phone Cell Phone		
2. I am currently legally author	orized to work in the Unit	ed States. Yes	No
3. I am a Wisconsin resident.	Yes No		
4. I have a valid Wisconsin Dr	viver's License. Yes	No	
If Yes, please provide your V	Visconsin Driver's License	number:	
5. Certification Statement: I corresume, three professional referunderstand that I may be required from the correction of the correction o	ences, and summary of qua ed to verify information. I	alifications is true to the understand that any false	best of my knowledge. I
information may disqualify me	from employment consider	ation.	
Signature:		Date:	
			Form # MV DD 0