



STATE OF MISSOURI
APPLICATION FOR EMPLOYMENT
"AN EQUAL OPPORTUNITY EMPLOYER"

Please type or print in ink. Your application must be completed in its entirety to be considered.

FOR AGENCY USE ONLY

IDENTIFICATION

NAME (LAST, FIRST, MIDDLE)

PRESENT MAILING ADDRESS (STREET AND NUMBER OR RFD)

CITY

STATE

ZIP CODE

SOCIAL SECURITY NUMBER

TELEPHONE NUMBERS WHERE YOU CAN BE CONTACTED REGARDING EMPLOYMENT

HOME TELEPHONE NUMBER

OTHER NAMES IN WHICH EMPLOYMENT, MILITARY OR EDUCATION RECORDS MAY BE FOUND

COUNTY AND STATE OF LEGAL RESIDENCE

EDUCATION

HIGH SCHOOL OR GENERAL EDUCATION DEVELOPMENT (GED) TEST PASSED?

☐ YES ☐ NO

SCHOOL

LOCATION (CITY AND STATE)

CIRCLE HIGHEST GRADE COMPLETED

1 2 3 4 5 6 7 8 9 10 11 12

POST HIGH SCHOOL TRAINING (COLLEGE, BUSINESS SCHOOL, MILITARY, ETC.) IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS OF PAPER

NAME AND LOCATION	CREDITS EARNED		DEGREE TYPE	MAJOR/MINOR (ATTACH YOUR TRANSCRIPTS)
	QUARTER HOURS	SEMESTER HOURS		

INDICATE SEMESTER HOURS COLLEGE CREDIT IN THESE AREAS:

☐ Accounting	☐ Business Administration	☐ Computer Science/Information	☐ History	☐ Political Science	☐ Social Work
☐ Agriculture	☐ Chemistry	☐ Economics	☐ Journalism	☐ Psychology	☐ Sociology
☐ Biological Sciences	☐ Criminal Justice	☐ Education	☐ Mathematics	☐ Recreation	☐ Statistics

COPY OF TRANSCRIPT MUST BE ATTACHED

CERTIFICATES/LICENSES

If you are currently certified, registered, or licensed to practice a profession or occupation, give the following:

LICENSE/CERTIFICATE ISSUED BY	FIELD/TRADE/SPECIALIZATION	LICENSE/CERTIFICATE NUMBER	DATE OF ISSUE	EXPIRATION DATE

COPY OF CERTIFICATE/LICENSE MUST BE ATTACHED

SKILLS

WHAT OFFICE EQUIPMENT CAN YOU OPERATE EFFICIENTLY?

LIST SOFTWARE AT WHICH YOU ARE PROFICIENT

TYPING SPEED

NET WPM

SHORTHAND SPEED

WPM

DATE OF LAST TEST

NAME OF ADMINISTERING ORGANIZATION

EXPERIENCE RECORD (PAID AND VOLUNTEER)

- List your work experience, starting with the most recent. If you have more than one job with the same organization, list each separately. The information you give in the "Duties" section is used to determine your qualifications. For those Merit System jobs which require an education and experience rating, this information is the basis for that rating. Incomplete descriptions may result in your not being qualified or in lower ratings.
- To describe additional experience or add more detail to the "Duties" section, complete a blank sheet of paper using the same format as used here and identify the job to which it relates. **A RESUME MAY NOT BE SUBSTITUTED FOR INFORMATION REQUESTED BELOW.**

EMPLOYER'S NAME		DUTIES	
		SHOW % OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT	
EMPLOYER'S ADDRESS			
KIND OF BUSINESS			
YOUR JOB TITLE			
FROM: MO/YR	TO: MO/YR		
HOURS PER WEEK	LAST MO. SALARY		
SUPERVISOR'S NAME AND TITLE		TELEPHONE	
MAY WE CONTACT YOUR SUPERVISOR?		TOTAL 100%	IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE NUMBER AND TYPE OF WORK THEY DID
☐ YES ☐ NO			
REASON FOR LEAVING			

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☐ YES ☐ NO		100%	
REASON FOR LEAVING			

PERSONAL DATA

A. Have you ever been convicted of a felony? ☐ YES ☐ NO

List all such cases in the "Remarks" section and in each case give:

1. The date, court, and county location;
2. The nature (type) of offense or violation (stealing, burglary, etc.);
3. The penalty imposed (disposition)

Conviction of a violation of the law is not an automatic bar to employment. Each case is considered on its individual merits; however, falsification of the application will result in disqualification. (Suspended execution of a sentence is a conviction.)

B. Are you authorized to work in the U.S.? ☐ YES ☐ NO

C. Are you willing to travel if position requires it? ☐ YES ☐ NO

REMARKS

APPLICANT CERTIFICATION

I hereby certify that this application contains no willful misrepresentation or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification as to a material fact, my application will be rejected, I will be dismissed from the service and, if applicable, my name will be removed from the Merit System register.

SIGNATURE	DATE

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize my previous employers or any educational institutions I have attended to release to the State of Missouri's authorized representative any information they may have regarding my character, academic record or employment history, whether on record or not. I also authorize any enforcement agency, or the Department of Revenue or other motor vehicle regulatory agency to allow any authorized representative of the State of Missouri to examine, copy or receive any records pertaining to me regarding convictions or driving record. By authorizing the above, I agree to hold harmless any individual, partnership, corporation, educational institution or agency, its officers, agents and employees from any liability for any damage whatsoever for issuing such information.

SIGNATURE	DATE

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Additional space for your experience is available on the back of this form.