



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? <input type="checkbox"/> YES <input type="checkbox"/> NO	CIRCLE HIGHEST GRADE COMPLETED
SCHOOL	1 2 3 4 5 6 7 8 9 10 11 12
LOCATION (CITY AND STATE)	

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
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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? <input type="checkbox"/> YES <input type="checkbox"/> NO		TOTAL 100%	IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE NUMBER AND TYPE OF WORK THEY DID
REASON FOR LEAVING			

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		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? <input type="checkbox"/> YES <input type="checkbox"/> NO		TOTAL 100%	IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE NUMBER AND TYPE OF WORK THEY DID
REASON FOR LEAVING			

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YOUR JOB TITLE			
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HOURS PER WEEK	LAST MO. SALARY		
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MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		TOTAL 100%	IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE NUMBER AND TYPE OF WORK THEY DID
REASON FOR LEAVING			

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

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? <input type="checkbox"/> YES <input type="checkbox"/> NO		TOTAL 100%	IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE NUMBER AND TYPE OF WORK THEY DID

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
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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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STATE OF MISSOURI
DEPARTMENT OF PUBLIC SAFETY
SUPPLEMENTAL APPLICATION FOR EMPLOYMENT

SECTION A

DIRECTIONS

Review the "Applicant Guide to Employment Within the Department of Public Safety." Only those organizational units marked with an asterisk (*) on the Guide utilize the following employment process for the position(s) of interest. Complete and submit a State of Missouri Application for Employment and a Department of Public Safety Supplemental Application to the respective organizational unit of the Department where the position(s) exist(s).

SECTION B

IDENTIFICATION AND PERSONAL INFORMATION

NAME		SOCIAL SECURITY NUMBER	
TODAY'S DATE	HOME TELEPHONE NUMBER ()	BUSINESS TELEPHONE NUMBER ()	
DO YOU POSSESS A VALID DRIVERS LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE DESIGNATE ►		STATE	NUMBER

SECTION C

POSITIONS AND AVAILABILITY

Title of position(s) applied for. List position(s) and, if applicable, job number	DATE AVAILABLE
1)	MINIMUM MONTHLY SALARY REQUIRED
2)	TYPE OF POSITIONS FOR WHICH AVAILABLE. CHECK ONE OR MORE OF THE FOLLOWING BOXES TO SHOW TYPE OF POSITION YOU ARE WILLING TO ACCEPT. <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SUMMER
3)	
4)	
5)	

Select a maximum of three types of work for which you would like to be considered for future vacancies in the boxes provided below:

- | | |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1) Accounting/Auditing | 8) Electrician |
| 2) Attorney | 9) Human Resource Management |
| 3) Clerical/Secretarial | 10) Inspector/Investigator |
| 4) Clerk/Clerk Typist | 11) Program Representative/Specialist |
| 5) Computer Programmer/Analyst/Information Specialist | 12) Public Information/Relations |
| 6) Custodial/Maintenance | 13) Purchasing |
| 7) Data Entry Operator | 14) Other (If not noted above, state specific occupation in space provided below) |

1. 2. 3. Other _____

SECTION D

MILITARY SERVICE

BRANCH OF SERVICE		NATURE OF DUTIES AND RESPONSIBILITIES	
DATE ENTERED	DATE DISCHARGED		
RANK AT DISCHARGE	TYPE OF DISCHARGE		
ARE YOU A MEMBER OF THE MO NATIONAL GUARD? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, UNIT NAME	RANK	<input type="checkbox"/> MOS <input type="checkbox"/> AFSC

SECTION E	PERSONAL REFERENCES (List three individuals other than relatives or employers)			
	NAME	OCCUPATION	ADDRESS	DAYTIME TELEPHONE NUMBER
				()
				()
SECTION F	THIS SECTION TO BE COMPLETED ONLY IF APPLYING FOR EMPLOYMENT WITH THE DIVISION OF LIQUOR CONTROL			
	These questions are required to ensure compliance with State Statutes governing employment with the Division of Liquor Control. If you answer yes to any of these questions, explain in detail in space provided.			
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you a U.S. Citizen?	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you a Missouri resident? If yes, how long? _____	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Do you have any interest, directly or indirectly, in any business devoted in whole or in part to the distilling, brewing, manufacturing, or sale of alcoholic beverages?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Do you have any interest, either through ownership, lease, mortgage, or other lien, on any place of business where alcoholic beverages are distilled, manufactured, brewed, or sold?		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Do you hold any commission or office, elective or appointed?		
Explain: _____				
SECTION G	THIS SECTION TO BE COMPLETED ONLY IF APPLYING FOR POSITIONS WHICH REQUIRE PEACE OFFICER STANDARDS AND TRAINING (POST) CERTIFICATION AS A REQUIREMENT FOR THE POSITION			
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you POST certified?	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you been convicted of a felony or a misdemeanor, including receiving a suspended imposition of sentence? If yes, state charge and disposition? _____	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you a Missouri resident? If yes, how long? _____	
BIRTH DATE (MM DD YY)				
SECTION H	THIS SECTION TO BE COMPLETED ONLY IF APPLYING FOR EMPLOYMENT WITH THE MISSOURI VETERANS COMMISSION. THE FIRST QUESTION OF THIS SECTION IS <u>ONLY</u> TO BE ANSWERED BY APPLICANTS FOR DIRECT CARE POSITIONS WITHIN A VETERANS HOME.			
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you ever been convicted of, plead guilty or nolo contendere to, any misdemeanor or felony charge in Missouri or any other state including a suspended imposition of sentence or suspended execution of sentence or any period of probation or parole? If "yes", explain in detail in space provided. A "yes" answer does not necessarily exclude you from employment.	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you ever had a professional license revoked or voluntarily surrendered a license?	
	Explain: _____			
I understand that a drug screening may be performed on all new employees or upon reasonable suspicion and continued employment will be contingent upon negative results. Furthermore, I understand that the Missouri Veterans Commission promotes a drug free work place and agree to random testing as the Commission deems necessary.				
SIGNATURE			DATE	
SECTION I	TO BE SIGNED BY ALL APPLICANTS			
	I hereby certify that this form contains no willful misrepresentation or falsifications and that the information given by me is true and completed to the best of my knowledge.			
	SIGNATURE			DATE
FOR DEPARTMENT USE				