



STATE OF MISSOURI
APPLICATION FOR EMPLOYMENT
 "AN EQUAL OPPORTUNITY EMPLOYER"
 www.oe.mo.gov/pers

PLEASE TYPE OR PRINT IN INK. YOUR APPLICATION MUST BE COMPLETED IN ITS ENTIRETY.

IDENTIFICATION			
NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NUMBER	
PRESENT MAILING ADDRESS (STREET AND NUMBER OR RFD)		HOME TELEPHONE NUMBER	OTHER TELEPHONE NUMBER
CITY	STATE	ZIP CODE	E-MAIL ADDRESS
OTHER NAMES USED		ARE YOU AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	

JOB TITLES FOR WHICH YOU ARE APPLYING	DO NOT WRITE IN THIS SPACE		
Some examples of job titles are Corrections Officer I, Account Clerk II, and Park Ranger. Applications without job titles will be returned.	PENDING	ELIGIBLE	INELIGIBLE
a			
b			
c			

AVAILABILITY
 Check one or more of the following. NOTE: Temporary positions may not exceed 6-months employment in a 12-month period.
 FULL-TIME PART-TIME TEMPORARY SUMMER

Check the county or counties in which you are willing to work.

<input type="checkbox"/> All Locations	<input type="checkbox"/> Carroll	<input type="checkbox"/> Douglas	<input type="checkbox"/> Johnson	<input type="checkbox"/> Moniteau	<input type="checkbox"/> Pulaski	<input type="checkbox"/> Shannon
<input type="checkbox"/> Adair	<input type="checkbox"/> Carter	<input type="checkbox"/> Dunklin	<input type="checkbox"/> Knox	<input type="checkbox"/> Monroe	<input type="checkbox"/> Putnam	<input type="checkbox"/> Shelby
<input type="checkbox"/> Andrew	<input type="checkbox"/> Cass	<input type="checkbox"/> Franklin	<input type="checkbox"/> Laclede	<input type="checkbox"/> Montgomery	<input type="checkbox"/> Ralls	<input type="checkbox"/> Stoddard
<input type="checkbox"/> Atchison	<input type="checkbox"/> Cedar	<input type="checkbox"/> Gasconade	<input type="checkbox"/> Lafayette	<input type="checkbox"/> Morgan	<input type="checkbox"/> Randolph	<input type="checkbox"/> Stone
<input type="checkbox"/> Audrain	<input type="checkbox"/> Chariton	<input type="checkbox"/> Gentry	<input type="checkbox"/> Lawrence	<input type="checkbox"/> New Madrid	<input type="checkbox"/> Ray	<input type="checkbox"/> Sullivan
<input type="checkbox"/> Barry	<input type="checkbox"/> Christian	<input type="checkbox"/> Greene	<input type="checkbox"/> Lewis	<input type="checkbox"/> Newton	<input type="checkbox"/> Reynolds	<input type="checkbox"/> Taney
<input type="checkbox"/> Barton	<input type="checkbox"/> Clark	<input type="checkbox"/> Grundy	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Nodaway	<input type="checkbox"/> Ripley	<input type="checkbox"/> Texas
<input type="checkbox"/> Bates	<input type="checkbox"/> Clay	<input type="checkbox"/> Harrison	<input type="checkbox"/> Linn	<input type="checkbox"/> Oregon	<input type="checkbox"/> St. Charles	<input type="checkbox"/> Vernon
<input type="checkbox"/> Benton	<input type="checkbox"/> Clinton	<input type="checkbox"/> Henry	<input type="checkbox"/> Livingston	<input type="checkbox"/> Osage	<input type="checkbox"/> St. Clair	<input type="checkbox"/> Warren
<input type="checkbox"/> Bollinger	<input type="checkbox"/> Cole	<input type="checkbox"/> Hickory	<input type="checkbox"/> McDonald	<input type="checkbox"/> Ozark	<input type="checkbox"/> St. Francois	<input type="checkbox"/> Washington
<input type="checkbox"/> Boone	<input type="checkbox"/> Cooper	<input type="checkbox"/> Holt	<input type="checkbox"/> Macon	<input type="checkbox"/> Pemiscot	<input type="checkbox"/> St. Louis County	<input type="checkbox"/> Wayne
<input type="checkbox"/> Buchanan	<input type="checkbox"/> Crawford	<input type="checkbox"/> Howard	<input type="checkbox"/> Madison	<input type="checkbox"/> Perry	<input type="checkbox"/> St. Louis City	<input type="checkbox"/> Webster
<input type="checkbox"/> Butler	<input type="checkbox"/> Dade	<input type="checkbox"/> Howell	<input type="checkbox"/> Maries	<input type="checkbox"/> Pettis	<input type="checkbox"/> Ste. Genevieve	<input type="checkbox"/> Worth
<input type="checkbox"/> Caldwell	<input type="checkbox"/> Dallas	<input type="checkbox"/> Iron	<input type="checkbox"/> Marion	<input type="checkbox"/> Phelps	<input type="checkbox"/> Saline	<input type="checkbox"/> Wright
<input type="checkbox"/> Callaway	<input type="checkbox"/> Daviess	<input type="checkbox"/> Jackson	<input type="checkbox"/> Mercer	<input type="checkbox"/> Pike	<input type="checkbox"/> Schuyler	
<input type="checkbox"/> Camden	<input type="checkbox"/> Dekalb	<input type="checkbox"/> Jasper	<input type="checkbox"/> Miller	<input type="checkbox"/> Platte	<input type="checkbox"/> Scotland	
<input type="checkbox"/> Cape Girardeau	<input type="checkbox"/> Dent	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Polk	<input type="checkbox"/> Scott	

EXAMINATION SITE PREFERENCE
STANDARD EXAMINATION CENTERS: Written examinations are required for a number of classifications. Indicate one of the following cities in which you wish to take the examination. Not all examinations may be scheduled in these centers.

<input type="checkbox"/> Cape Girardeau	<input type="checkbox"/> Columbia	<input type="checkbox"/> Hannibal	<input type="checkbox"/> Joplin	<input type="checkbox"/> Kirksville	<input type="checkbox"/> Poplar Bluff	<input type="checkbox"/> St. Joseph	<input type="checkbox"/> Sedalia
<input type="checkbox"/> Chillicothe	<input type="checkbox"/> Farmington	<input type="checkbox"/> Jefferson City	<input type="checkbox"/> Kansas City	<input type="checkbox"/> Nevada	<input type="checkbox"/> Rolla	<input type="checkbox"/> St. Louis	<input type="checkbox"/> Springfield

TESTING ACCOMMODATIONS: Any applicant in need of special examination accommodations due to religious beliefs or disability under the Americans with Disabilities Act should contact us. Our contact information is listed on the last page of this application.

CRIMINAL BACKGROUND

HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR? <input type="checkbox"/> YES <input type="checkbox"/> NO
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REMARKS

Conviction of a violation of the law is not an automatic bar to employment. The State of Missouri, for employment purposes, regards the suspended execution of a sentence as a conviction.

EDUCATION (IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL PAGES.)

HIGH SCHOOL OR GENERAL EDUCATION DEVELOPMENT (GED)

HAVE YOU EARNED A HIGH SCHOOL DIPLOMA OR G.E.D. CERTIFICATE?	INDICATE HIGHEST GRADE COMPLETED
<input type="checkbox"/> YES <input type="checkbox"/> NO	1 2 3 4 5 6 7 8 9 10 11 12

HIGH SCHOOL COURSE RECORD: Indicate number of years of specialized high school courses completed.

Biology _____	Computer Applications _____	Industrial Arts/Shop _____	Recreation/Physical Ed _____
Bookkeeping _____	Arts and Crafts _____	Music _____	Stenography _____
Chemistry/Physics _____	Home Economics _____	Organized Athletics _____	Typing/Keyboarding _____

VOCATIONAL, TECHNICAL, MILITARY, OR TRADE SCHOOL

NAME AND LOCATION	CREDITS EARNED		TRAINING AREA	CERTIFICATE TYPE	DATE RECEIVED	
	CLOCK HOURS	OTHER (Specify Type)			MO	YEAR

ACCREDITED COLLEGE EDUCATION: College(s) must be accredited by an accrediting agency or association recognized by the U.S. Secretary of Education. COPY OF OFFICIAL TRANSCRIPTS MUST BE ATTACHED

NAME AND LOCATION	CREDITS EARNED		MAJOR/MINOR	DEGREE TYPE	DATE RECEIVED	
	QUARTER HOURS	SEMESTER HOURS			MO	YEAR

INTERNSHIPS AND/OR PRACTICUMS

SPONSORING ACCREDITED COLLEGE, ACCREDITED UNIVERSITY OR BUSINESS	OCCUPATIONAL AREA/FIELD OF INTERNSHIP OR PRACTICUM	DATES FROM/TO	HOURS PER WEEK	TOTAL WEEKS	COLLEGE CREDIT	PAID
					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

CERTIFICATES/LICENSES: COPY OF CERTIFICATE/LICENSE MUST BE ATTACHED

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

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

EXPERIENCE RECORD (PAID AND VOLUNTEER)

- List your work experience, starting with the most recent. If you have held more than one job or position level (including promotions) with the same organization or state agency, list each separately. The information you provide 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 will impact eligibility determinations and ratings. You must show the percent of time spent for each job duty.
- To describe additional experience or add more detail to the "Duties" section, complete and attach a 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 (STREET, CITY AND STATE)		
TYPE OF BUSINESS		
YOUR JOB TITLE		
FROM: MO/YR		
TO: MO/YR		
HOURS PER WEEK		
LAST MO. SALARY		
SUPERVISOR'S NAME AND TITLE		
TELEPHONE		
REASON FOR LEAVING	TOTAL 100%	IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE THE NUMBER AND TYPE OF WORK PERFORMED

MAY WE CONTACT YOUR SUPERVISOR?
 YES NO

EXPERIENCE RECORD (CONTINUED)

EMPLOYER'S NAME		%	DUTIES (Show % of time spent on each duty in column at left.)
EMPLOYER'S ADDRESS (STREET, CITY AND STATE)			
TYPE OF BUSINESS	YOUR JOB TITLE		
FROM: MO/YR	TO: MO/YR		
HOURS PER WEEK	LAST MO. SALARY		
SUPERVISOR'S NAME AND TITLE		TELEPHONE	
REASON FOR LEAVING		TOTAL 100%	IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE THE NUMBER AND TYPE OF WORK PERFORMED

EMPLOYER'S NAME		%	DUTIES (Show % of time spent on each duty in column at left.)
EMPLOYER'S ADDRESS (STREET, CITY AND STATE)			
TYPE OF BUSINESS	YOUR JOB TITLE		
FROM: MO/YR	TO: MO/YR		
HOURS PER WEEK	LAST MO. SALARY		
SUPERVISOR'S NAME AND TITLE		TELEPHONE	
REASON FOR LEAVING		TOTAL 100%	IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE THE NUMBER AND TYPE OF WORK PERFORMED

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EMPLOYER'S ADDRESS (STREET, CITY AND STATE)			
TYPE OF BUSINESS	YOUR JOB TITLE		
FROM: MO/YR	TO: MO/YR		
HOURS PER WEEK	LAST MO. SALARY		
SUPERVISOR'S NAME AND TITLE		TELEPHONE	
REASON FOR LEAVING		TOTAL 100%	IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE THE NUMBER AND TYPE OF WORK PERFORMED

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EMPLOYER'S ADDRESS (STREET, CITY AND STATE)			
TYPE OF BUSINESS	YOUR JOB TITLE		
FROM: MO/YR	TO: MO/YR		
HOURS PER WEEK	LAST MO. SALARY		
SUPERVISOR'S NAME AND TITLE		TELEPHONE	
REASON FOR LEAVING		TOTAL 100%	IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE THE NUMBER AND TYPE OF WORK PERFORMED

HAVE YOU BEEN DISCHARGED, ASKED TO RESIGN OR RESIGNED IN LIEU OF DISCIPLINARY ACTION FROM **ANY** EMPLOYMENT (GOVERNMENT/NON-GOVERNMENT)?
 YES NO **If "yes", explain under the appropriate work history.**

VETERAN'S PREFERENCE (APPLIES TO OPEN COMPETITIVE, NOT PROMOTIONAL JOB TITLES)

Check the appropriate boxes below. Veteran's preference points are not cumulative and only 5 or 10 points total are allowed.

- I am now a citizen of Missouri.
- I served on active duty for at least six consecutive months (unless released early as a result of a service-related disability or a reduction in force at the convenience of the government) **OR** I was called to active duty by the President and participated in a campaign or expedition for which a campaign badge or service medal has been authorized. **(Attach a copy of DD214 showing character of service or award of a badge or medal.)** (5 points)
- I have satisfactorily completed at least six (6) years of service as a member of the reserves or National Guard. **(Attach Point Summary for reserve duty or NGB Form 22 for National Guard duty.)** (5 points)
- I receive compensation for a service-related disability. **(Attach a statement from Veteran'S Affairs.) OR** I am a National Guard veteran who was permanently disabled as a result of active service to the state at the call of the governor. **(Attach documentation.)** (10 points)
- I am the spouse of a disabled veteran who is unqualified for state employment because of a service-related disability. **(Attach a statement from Veteran's Affairs that states the percentage and general nature of disability that prohibits your spouse from employment.)** (5 points)
- I am the unmarried surviving spouse of a disabled veteran **OR** I am the unmarried surviving spouse of a person who was killed while on active duty in the armed forces of the United States or the National Guard as a result of active service to the state at the call of the governor. **(Attach copies of spouse's DD214 or casualty report and Death Certificate.)** (5 points)

PARENTAL PREFERENCE (APPLIES TO OPEN COMPETITIVE, NOT PROMOTIONAL JOB TITLES)

Complete the information below. Eligible applicants will be allowed 5 points.

- I left state employment to be a full-time homemaker and caretaker of at least one child under the age of ten and have not been employed for a period of two years. Complete the following questions.

MISSOURI STATE AGENCY YOU LEFT, YOUR TITLE, AND DATES OF EMPLOYMENT	BEGINNING AND ENDING DATES THAT YOU WERE A FULL-TIME HOMEMAKER AND CARETAKER OF CHILD/CHILDREN UNDER THE AGE OF TEN
DID YOU RESIGN IN GOOD STANDING? <input type="checkbox"/> YES <input type="checkbox"/> NO	LIST ANY EMPLOYMENT DURING THE ABOVE PERIOD
YOUR FULL NAME AT THE TIME YOU LEFT STATE EMPLOYMENT	NAME(S) AND BIRTH DATE(S) OF THE CHILD/CHILDREN YOU CARED FOR DURING THE ABOVE PERIOD.

SKILLS

WHAT TOOLS, EQUIPMENT AND/OR SOFTWARE CAN YOU USE PROFICIENTLY?

APPLICANT CERTIFICATION AND AUTHORIZATION

- I hereby certify that this application contains no known 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 an investigation at any time disclose any such misrepresentation or falsification as to a material fact, my application will be rejected or if selected, I may be dismissed.
- I authorize any law 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. I authorize the Department of Revenue to verify compliance with 105.262 RSMo at the request of an authorized representative of the State of Missouri.
- 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.
- I will be able to show proof of registration under the United States Military Selective Service act prior to being offered employment with the State of Missouri if I am required to register with the selective service. (Authority: Section 105.1213, RSMo.)

For more information on who must register and how to register under the United States Military Selective Service Act, please go to the following web site: <http://www.sss.gov/regist%20information.htm>.

SIGNATURE	DATE
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RETURN TO: Division of Personnel Room 430 Truman Building P.O. Box 388 Jefferson City, MO 65102-0388	E-mail Address persmail@oa.mo.gov Telephone (573) 751-4162 FAX (573) 522-3284 Web Address www.oa.mo.gov/pers
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OPTIONAL APPLICANT CHARACTERISTIC SURVEY

The following requested information is **VOLUNTARY** and in no way affects you as an individual applicant or your application for employment. This information will be used for federal reporting and research purposes only to find out how effective our recruitment efforts are in reaching all segments of the population and in providing equal employment opportunity.

INSTRUCTIONS

Please fill in your Social Security Number in the spaces provided below. Place your numbered answer to each question in the space indicated by the arrow.

SOCIAL SECURITY NUMBER



--	--	--	--	--	--	--	--	--	--



- A. Gender?
1. Male
2. Female



- B. What is the highest level of education you have attained?
1. 0 - 8 years
2. 9 - 12 years but not a high school graduate
3. High school diploma (or GED)
4. Post high school vocational or business school training
5. College, less than B.A. or B.S. degree
6. B.A., or B.S., or comparable bachelor's degree
7. M.A., or M.S., or comparable master's degree
8. PhD, JD, LLB, or comparable professional degree
9. MD, DO or comparable professional degree in medicine



- C. Which racial/ethnic group do you consider yourself a member?
1. American Indian 3. Asian/Oriental 5. White
2. Hispanic 4. Black 6. Other



- D. What is your age?
1. 16-24 years 4. 40-49 years 7. 65-69 years
2. 25-29 years 5. 50-59 years 8. 70 or more years
3. 30-39 years 6. 60-64 years



- E. How did you learn about this merit system opportunity?
1. Missouri Division of Personnel 6. Job Fair
2. Missouri Career Source 7. Internet
3. Other state agency 8. Newspaper or periodical
4. Friend 9. School
5. State employee 10. Other



- F. Do you have a physical or mental disability that requires reasonable accommodation during employment?
1. Yes
2. No

RETURN THIS FORM WITH THE APPLICATION