



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
 DIVISION OF FINANCE
 TRUMAN BUILDING, ROOM 630
 POST OFFICE BOX 716
 JEFFERSON CITY, MO 65102

IDENTIFICATION

NAME (LAST, FIRST, MIDDLE)

 PRESENT MAILING ADDRESS (STREET AND NUMBER OR RFD)

 CITY STATE ZIP CODE

 TELEPHONE NUMBERS WHERE YOU CAN BE CONTACTED REGARDING EMPLOYMENT
 () ()
 OTHER NAMES IN WHICH EMPLOYMENT, MILITARY OR EDUCATION RECORDS MAY BE FOUND

SOCIAL SECURITY NUMBER
 | | - | - | | | | |
 HOME TELEPHONE NUMBER
 ()
 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 SHORTHAND SPEED DATE OF LAST TEST NAME OF ADMINISTERING ORGANIZATION
 NET WPM WPM

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			

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			

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			

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			

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			

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			

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

EMPLOYER'S NAME		DUTIES	
EMPLOYER'S ADDRESS		SHOW % OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT	
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
-----------	------

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



STATE OF MISSOURI
 DIVISION OF FINANCE
APPLICANT CHARACTERISTIC SURVEY

The following requested information is **VOLUNTARY** and in no way affects your application for employment. This information will be used for 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. Circle the correct number in each question below. Place your numbered answer to each question in the space indicated by the arrow. Return this form with your application for employment.

Social Security Number



A. What sex are you?

1. Male
2. Female



B. What is the highest level of education you have attained?

1. High school graduate (or passed GED test)
2. Post high school vocational or business school training
3. College, less than B.A. or B.S. degree
4. B.A., or B.S., or comparable bachelor's degree
5. M.A., or M.S., or comparable master's degree
6. PhD, JD, LLB, or comparable professional degree



C. Of the following, of 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? (Indicate the age group in which you fall.)

- | | | |
|----------------|----------------|---------------------|
| 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 the job you applied for?

- | | |
|---|-------------|
| 1. Division of Workforce Development/Missouri Works | 5. Web Site |
| 2. Other state agency | 6. Friend |
| 3. Newspaper | 7. School |
| 4. State employee | 8. Other |



F. Do you have a physical or mental disability which does not prevent employment, but which should be considered in job placement? If you do, indicate the area of impairment.

- | | | |
|------------------|----------------------|-----------|
| 1. No disability | 5. Epilepsy | 9. Mental |
| 2. Sight | 6. Diabetes | 10. Other |
| 3. Hearing | 7. Cardiac | |
| 4. Amputee | 8. Partial Paralysis | |

RETURN THIS FORM TO THE

Division of Finance
 P.O. Box 716
 Jefferson City MO 65102

**Missouri Division of Finance
Supplemental Information
Examiner Application**

Section 361.070 RSMo prohibits the indebtedness of state examiners to any entity regulated by the Division of Finance (DOF). This includes credit cards issued by state chartered banks. If you accept a position with DOF, any such debts will have to be liquidated or moved to a lending institution other than an entity regulated by DOF.

Section 361.070 RSMo states that no state examiner shall be an officer, director or stockholder of any Missouri bank or trust company. This includes bank holding companies and national banks as well as state chartered institutions. If you accept a position as a state bank examiner, you will be required to resign from the banking position or sell the stock as applicable.

.....
Authorization and Release of Information

I hereby authorize the Division of Finance to make any investigation of my personal history and credit record through any investigative or credit agencies or bureaus of choice. The provisions of the Fair Debt Credit Reporting Act will be applicable if a credit report is obtained and considered. I understand the Division's investigation may include a national criminal background check requiring me to submit a set of fingerprints under state standards.

Signature _____ Date _____

.....
State examiners are required to live in close proximity to the district office to which they are assigned. My preference of work location is:

- _____ Any District
- or- Rank three in order of preference
- _____ Kansas City
- _____ Jefferson City
- _____ St. Louis
- _____ Springfield
- _____ Sikeston

Comments: _____
