



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

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

PERSONAL INFORMATION

FULL LEGAL NAME (LAST, FIRST, MIDDLE)			SOCIAL SECURITY NUMBER		
PRESENT MAILING ADDRESS (STREET AND NUMBER)			HOME TELEPHONE NUMBER	OTHER TELEPHONE NUMBER	
CITY	STATE	ZIP CODE	E-MAIL ADDRESS		
COUNTY	COUNTRY		ARE YOU AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		
PRIOR LEGAL NAMES YOU HAVE HAD			IF NO, PLEASE EXPLAIN:		

JOB TITLES FOR WHICH YOU ARE APPLYING **DO NOT WRITE IN THIS SPACE**

Some examples of job titles are Architect I, Vocational Education Supervisor, and Plumber. Applications without job titles will be returned	PENDING	ELIGIBLE	INELIGIBLE
a			
b			
c			
d			
e			

AVAILABILITY

Check one or more of the following:
 FULL-TIME PART-TIME TEMPORARY SEASONAL

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 | |

EXPERIENCE RECORD (CONTINUED)

EMPLOYER'S NAME		DUTIES (Show % of time spent on each duty in column at right.)	%
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	IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE THE NUMBER AND TYPE OF WORK PERFORMED		TOTAL 100%

MAY WE CONTACT YOUR SUPERVISOR?
 YES NO

EMPLOYER'S NAME		DUTIES (Show % of time spent on each duty in column at right.)	%
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	IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE THE NUMBER AND TYPE OF WORK PERFORMED		TOTAL 100%

MAY WE CONTACT YOUR SUPERVISOR?
 YES NO

EMPLOYER'S NAME		DUTIES (Show % of time spent on each duty in column at right.)	%
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	IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE THE NUMBER AND TYPE OF WORK PERFORMED		TOTAL 100%

MAY WE CONTACT YOUR SUPERVISOR?
 YES NO

EMPLOYER'S NAME		DUTIES (Show % of time spent on each duty in column at right.)	%
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	IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE THE NUMBER AND TYPE OF WORK PERFORMED		TOTAL 100%

MAY WE CONTACT YOUR SUPERVISOR?
 YES NO

VETERANS PREFERENCE (APPLIES TO OPEN COMPETITIVE RECRUITMENT, NOT PROMOTIONAL RECRUITMENT)

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

- I am a current resident of Missouri.
- I have served in the U.S. Armed Forces and separated under honorable conditions, **OR** I am the spouse of a disabled veteran, **OR** the unmarried surviving spouse of a person killed while on active duty. (Select from the following options.)
- I served active duty for at least six (6) 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 Veterans' 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 Veterans' 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 RECRUITMENT, NOT PROMOTIONAL RECRUITMENT)

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

- I previously left Missouri state government employment to be a full-time homemaker and caretaker of children who were under the age of ten AND I 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.

APPLICANT CERTIFICATION AND AUTHORIZATION

- I hereby certify that this application contains no known misrepresentation or falsification 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 as to the material fact, my application will be rejected or if selected, I may be dismissed.
- By submitting this application and authorizing the above, I hereby agree to hold harmless the State of Missouri, its officers, agents, or employees from any and all liability arising in connection with this application and provided herein, including any damage whatsoever.
- 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 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: <https://www.sss.gov>.

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/personnel
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STATE OF MISSOURI
 OFFICE OF ADMINISTRATION
 DIVISION OF PERSONNEL
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 a check mark next to the one most appropriate response for each question asked.

SOCIAL SECURITY NUMBER ▶ - -

A. Gender?

- Male
- Female

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

- 0 – 8 years
- 9 – 12 years but not a high school graduate
- High school diploma (or equivalency)
- Post high school vocational or business school training
- College, less than B.A. or B.S. degree
- B.A., or B.S., or comparable bachelor's degree
- M.A., or M.S., or comparable master's degree
- PhD, JD, LLB, or comparable professional degree
- MD, DO or comparable professional degree in medicine

C. Which racial/ethnic group do you consider yourself a member?

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Two or More Races |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White |
| <input type="checkbox"/> Hispanic or Latino | |

D. What is your age?

- | | | |
|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> 16-24 years | <input type="checkbox"/> 40-49 years | <input type="checkbox"/> 65-69 years |
| <input type="checkbox"/> 25-29 years | <input type="checkbox"/> 50-59 years | <input type="checkbox"/> 70 or more years |
| <input type="checkbox"/> 30-39 years | <input type="checkbox"/> 60-64 years | |

E. How did you learn about this merit system opportunity?

- | | |
|--|---|
| <input type="checkbox"/> MO Division of Personnel employee | <input type="checkbox"/> Other |
| <input type="checkbox"/> Missouri Career Center/jobs.mo.gov | <input type="checkbox"/> MO Careers website (mocreers.mo.gov) |
| <input type="checkbox"/> State employee (other than Division of Personnel) | <input type="checkbox"/> Missouri government website (www.mo.gov) |
| <input type="checkbox"/> Job Fair | <input type="checkbox"/> Social media (Facebook, Twitter, etc.) |
| <input type="checkbox"/> Print advertisement | <input type="checkbox"/> Other website |
| <input type="checkbox"/> School | <input type="checkbox"/> Email distribution list |

F. Do you have a physical or mental disability that requires reasonable accommodation during employment?

- Yes
- No

RETURN THIS FORM WITH THE APPLICATION