



Please type or print in ink. Your application must be completed in its entirety to be considered. To submit by email, download and save the application. Send the completed application along with your resume and transcripts to HR@dhe.mo.gov.

IDENTIFICATION

NAME (LAST, FIRST, MIDDLE)		DATE	
MAILING ADDRESS		TELEPHONE NUMBER (INCLUDE AREA CODE)	
CITY, STATE, ZIP CODE			
TITLE OF POSITION(S) APPLIED FOR		COUNTY AND STATE OF LEGAL RESIDENCE	COUNTRY

EDUCATION AND TRAINING: ALL APPLICANTS MUST COMPLETE

TYPE OF SCHOOL	NAME OF SCHOOL	CITY AND STATE	GRADUATED	MAJOR/MINOR/CERTIFICATE
High School			Yes <input type="checkbox"/> No <input type="checkbox"/> GED/HiSET <input type="checkbox"/>	XXXX
College			Obtained Degree? Yes <input type="checkbox"/> No <input type="checkbox"/>	
College			Obtained Degree? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Graduate School			Obtained Degree? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Business or Vo-Tech School			Obtained Degree? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Correspondence or Night School				

COURSES TAKEN

If college credit is earned but no degree, indicate total number of credit hours earned.

How many additional credit hours do you need to receive your degree?

Indicate any special courses or training programs not reported above that relate to the type of employment you are seeking.

Indicate and explain any work-related skills or experience you have obtained through unpaid work, volunteer work, skills developed as a hobby, etc.

COPY OF COLLEGE TRANSCRIPTS, CERTIFICATES, LICENSES MUST BE ATTACHED

MILITARY RECORD: ALL APPLICANTS MUST COMPLETE

If you are a male between 18 and 26 years of age, have you registered with the Selective Service System? Yes No

Have you ever served in the U.S. Military Service? Yes No

If yes: a) Are you an honorable discharge veteran? Yes No

b) State branch and period of active service?

(Branch) (Period of Active Service)

NOTE: A dishonorable or general discharge is not an absolute bar to employment and other factors will affect the final decision regarding employment.

EMPLOYMENT HISTORY *(List previous employment beginning with your present or most recent employer)*

DATES EMPLOYED <i>(Month and Year)</i>		Describe Duties of Job _____ _____ _____ _____ _____ _____ _____
EMPLOYER		
SUPERVISOR <i>(Name and Title)</i>		
EMPLOYER ADDRESS		
CITY, STATE AND ZIP		
JOB TITLE	MONTHLY SALARY	
REASON FOR LEAVING		

DATES EMPLOYED <i>(Month and Year)</i>		Describe Duties of Job _____ _____ _____ _____ _____ _____ _____
EMPLOYER		
SUPERVISOR <i>(Name and Title)</i>		
EMPLOYER ADDRESS		
CITY, STATE AND ZIP		
JOB TITLE	MONTHLY SALARY	
REASON FOR LEAVING		

DATES EMPLOYED <i>(Month and Year)</i>		Describe Duties of Job _____ _____ _____ _____ _____ _____ _____
EMPLOYER		
SUPERVISOR <i>(Name and Title)</i>		
EMPLOYER ADDRESS		
CITY, STATE AND ZIP		
JOB TITLE	MONTHLY SALARY	
REASON FOR LEAVING		

DATES EMPLOYED <i>(Month and Year)</i>		Describe Duties of Job _____ _____ _____ _____ _____ _____ _____
EMPLOYER		
SUPERVISOR <i>(Name and Title)</i>		
EMPLOYER ADDRESS		
CITY, STATE AND ZIP		
JOB TITLE	MONTHLY SALARY	
REASON FOR LEAVING		

PROFESSIONAL REFERENCES *(Please provide a list of professional references below)*

NAME	RELATIONSHIP WITH CONTACT	LENGTH OF TIME
COMPANY ORGANIZATION	TITLE	
ADDRESS (City, State, Zip)	TELEPHONE NUMBER	
NAME	RELATIONSHIP WITH CONTACT	LENGTH OF TIME
COMPANY ORGANIZATION	TITLE	
ADDRESS (City, State, Zip)	TELEPHONE NUMBER	
NAME	RELATIONSHIP WITH CONTACT	LENGTH OF TIME
COMPANY ORGANIZATION	TITLE	
ADDRESS (City, State, Zip)	TELEPHONE NUMBER	
NAME	RELATIONSHIP WITH CONTACT	LENGTH OF TIME
COMPANY ORGANIZATION	TITLE	
ADDRESS (City, State, Zip)	TELEPHONE NUMBER	

PERSONAL DATA

A. Do you (or your spouse) have any relative(s) employed by this department? YES NO

If yes, give name(s) and relationship(s) _____

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

If not a citizen, can you submit verification that you are lawfully available for employment in this country? YES NO

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

D. Do you possess a valid driver's license? YES NO

E. Are you currently in default on any federally guaranteed student loan? YES NO

REMARKS

ESTIMATED START DATE

If your application is considered favorably, on what date will you be available to work? _____

INDICATE TYPE(S) OF EMPLOYMENT YOU WILL ACCEPT

- Full-Time (Ongoing in nature, 40 hours per week)
 Permanent Part-Time (Ongoing position, which works less than 40 hours per week)
 Temporary (Hired on an as-needed basis)
 Intern (College student with semester hours hired to work mid-May - August, or between semester breaks)
 Summer Student
 Emergency (Hired based on sporadic needs)

APPLICANT'S SIGNATURE AUTHORIZING TO RELEASE INFORMATION

I hereby request and authorize you to furnish the Missouri Department of Higher Education with any and all information they may request concerning my employment record, education record, military record, and status on student loans. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment with the Missouri Department of Higher Education.

I hereby release you and your organization from any liability, which would result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as an employee of the Missouri Department of Higher Education.

I understand that my application will be active for six months and, upon my request, is renewable for an additional six months. I certify that the information provided herein is true and complete to the best of my knowledge. I understand misrepresentation or omission of information on this application and/or inserts, including relatives working for the department, educational attainments, work history, professional credentials, etc. is cause for rejection of my application or subsequent dismissal from employment.

APPLICANT'S PRINTED NAME

SOCIAL SECURITY NUMBER

If you were previously employed under a different name(s), please specify _____

APPLICANT'S SIGNATURE

DATE

MDHE IS PROUD TO BE AN **EQUAL OPPORTUNITY EMPLOYER**. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.

PLEASE ATTACH RESUME WITH APPLICATION**MDHE OFFICE USE ONLY**

On _____ a system check was completed by MDHE staff to determine if _____ was in default status on any students loan(s) guaranteed by our agency. This check determined that the employee listed above is not currently in default on any loan.

SIGNATURE OF PERSON PERFORMING CHECK

DATE

Mark box when completed DRIVING RECORD BACKGROUND CHECK

DIRECTOR OF ADMINISTRATION

DATE

The following requested information is **VOLUNTARY** and in no way affects you as an individual applicant. This data will assist the department in analyzing affirmative action statistics.

NOTE: This portion of the application will be removed and retained separate from the application files.

INSTRUCTIONS

Please fill in your Social Security Number in the spaces provided below. Select 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



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- A. What sex are you?
 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 graduate (or passed GED test)
 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, or comparable professional degree in medicine



- C. Of the following, which racial/ ethnic group do you consider yourself a member?
 W = White
 H = Hispanic or Latino
 B = Black or African American
 A = Asian
 NH or OPI = Native Hawaiian or Other Pacific Islander
 AI or AN = American Indian or Alaska Native
 M = Multiracial (Two or more races)



- E. How did you learn about this position?
- | | |
|---|----------------------------|
| 1. MDHE web site | 6. Radio |
| 2. Missouri State Division of Employment Security | 7. Television |
| 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 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 WITH THE APPLICATION FOR EMPLOYMENT TO:

HR@dhe.mo.gov
 Missouri Department of Higher Education
 Attn: Human Resources
 P.O. Box 1469
 Jefferson City, MO 65102-1469