Missouri Department of Higher Education

Building Missouri's future... by degrees

STATE OF MISSOURI

APPLICATION FOR EMPLOYMENT

"AN EQUAL OPPORTUNITY EMPLOYER"

www.dhe.mo.gov

Please type or print in ink. Your application must be completed in its entirety to be considered.

IDENTIFICATION

NAME *(LAST, FIRST, MIDDLE)*	SOCIAL SECURITY NUMBER
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	CIRCLE HIGHEST YEAR COMPLETED				GRADUATED	STARTING DATE	ENDING DATE	MAJOR/MINOR
High School/GED			9	10	11	12	Yes ☐ No ☐ GED ☐	XXXX	XXXX	XXXX
College			1	2	3	4	Obtained Degree? Yes ☐ No ☐			
College			1	2	3	4	Obtained Degree? Yes ☐ No ☐			
Graduate School			1	2	3	4	Obtained Degree? Yes ☐ No ☐			
Business or Vo-Tech School			1	2	3	4	Obtained Degree? Yes ☐ No ☐			
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.

SPECIAL SKILLS - CLERICAL: ONLY CLERICAL APPLICANTS ARE REQUIRED TO COMPLETE THIS SECTION

Check any of the following skills that you have, based on training or experience:

☐ Applications: Spreadsheet/Database ☐ Word Processing ☐ Telephone/Receptionist ☐ 10-Key Data Entry

☐ Bookkeeping ☐ Shorthand/Transcription ☐ Typewriter (WPM) _____ ☐ Other _____

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

DATES EMPLOYED *(Month and Year)*

EMPLOYER

SUPERVISOR *(Name and Title)*

EMPLOYER ADDRESS

CITY, STATE AND ZIP

JOB TITLE | MONTHLY SALARY

REASON FOR LEAVING

Describe Duties of Job

DATES EMPLOYED *(Month and Year)*

EMPLOYER

SUPERVISOR *(Name and Title)*

EMPLOYER ADDRESS

CITY, STATE AND ZIP

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SUPERVISOR *(Name and Title)*

EMPLOYER ADDRESS

CITY, STATE AND ZIP

JOB TITLE | MONTHLY SALARY

REASON FOR LEAVING

Describe Duties of Job

BUSINESS REFERENCE (*Please provide a list of business references requested 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

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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. 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.)

C. 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

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

E. Do you possess a valid driver's license? ☐ 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, criminal 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, criminal history, 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 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

PLEASE ATTACH RESUME WITH APPLICATION

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STATE OF MISSOURI
DEPARTMENT OF HIGHER EDUCATION
HUMAN RESOURCES

AFFIRMATIVE ACTION SURVEY

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 → ☐☐☐ ☐☐ ☐☐☐☐

☐ ←

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
2. Missouri State Division of Employment Security
3. Other state agency
4. Friend
5. State employee
6. Radio
7. Television
8. Newspaper or periodical
9. School
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
2. Sight
3. Hearing
4. Amputee
5. Epilepsy
6. Diabetes
7. Cardiac
8. Partial Paralysis
9. Mental
10. Other

RETURN THIS FORM TO THE
Missouri Department of Higher Education
Attn: Human Resources
P.O. Box 1469
Jefferson City, MO 65102-1469
WITH THE APPLICATION FOR EMPLOYMENT