



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

<b>IDENTIFICATION</b>	
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 Yes <input type="checkbox"/> No <input type="checkbox"/> GED <input type="checkbox"/>	STARTING DATE	ENDING DATE	MAJOR/MINOR
			9	10	11	12				
High School/GED							XXXX	XXXX	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.

**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 <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		

**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
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 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**

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**