

**NOTE:** To ensure the document saves your information correctly, first download form and open in Adobe Reader before filling out. Thank you.

email: [hr@dese.mo.gov](mailto:hr@dese.mo.gov)



STATE OF MISSOURI  
DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
P.O. Box 480, 205 Jefferson Street, Jefferson City, MO 65102-0480  
**APPLICATION FOR EMPLOYMENT**

**OUR VISION:** "Missouri public schools: the best choice...the best results!"

To applicants with disabilities, if you have difficulty with any phase of the employment process, please call 573-751-9619. Reasonable attempts will be made to accommodate special needs. TTY/TDD users, please call the Relay Missouri number at 1-800-735-2966 or the 711 Relay Operator.

**IDENTIFICATION**

LAST NAME		FIRST NAME		MIDDLE
HOME PHONE NO.	WORK PHONE NO.	EMAIL ADDRESS		
PRESENT MAILING ADDRESS (STREET AND NUMBER, RFD OR P.O. BOX)			CITY	STATE ZIP
ARE YOU LAWFULLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO The Department is unable to sponsor applicants in their application for work visas through INS. If you have questions, please contact Human Resources.				

**POSITION (PLEASE COMPLETE ONE APPLICATION FOR EACH POSITION FOR WHICH YOU ARE APPLYING)**

TITLE OF POSITION FOR WHICH YOU ARE APPLYING		VACANCY NO.	CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION AS LISTED ON THE VACANCY NOTICE? <input type="checkbox"/> YES <input type="checkbox"/> NO
TYPE OF EMPLOYMENT DESIRED: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY		WHEN COULD YOU START WORK?	MINIMUM SALARY EXPECTATION
HOW DID YOU LEARN ABOUT THIS VACANCY?			
DO YOU HAVE RELATIVES WORKING FOR THIS DEPARTMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, PLEASE NAME.			

**EDUCATION**

HIGH SCHOOL GRADUATE OR GENERAL EDUCATION DEVELOPMENT TEST <input type="checkbox"/> YES <input type="checkbox"/> NO  CHECK HIGHEST GRADE COMPLETED <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	SCHOOL NAME AND LOCATION
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**POST HIGH SCHOOL EDUCATION/TRAINING (COPIES OF THE OFFICIAL TRANSCRIPTS ARE REQUIRED)**

NAME AND LOCATION OF SCHOOL	CREDITS EARNED			DEGREE EARNED	MAJOR OR SUBJECTS TAKEN
	QTR HOURS	SEM HOURS	OTHER		

## SKILLS AND EQUIPMENT

CLERICAL SKILLS	TYPING SPEED (WPM) _____ DATE OF LAST TEST _____	SHORTHAND? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SPEED (WPM) _____
OFFICE MACHINES AND EQUIPMENT YOU CAN OPERATE		
COMPUTERS YOU CAN OPERATE	<input type="checkbox"/> PC <input type="checkbox"/> MACINTOSH <input type="checkbox"/> OTHER _____	
SOFTWARE PACKAGES YOU HAVE USED		

HAVE YOU USED THE SAM SYSTEM?  HR  ACCOUNTING  BUDGET  TIMEKEEPING

## CURRENTLY VALID LICENSES/CERTIFICATES (RELATIVE TO MINIMUM QUALIFICATIONS LISTED ON THE VACANCY NOTICE)

DO YOU HAVE A VALID DRIVER'S LICENSE?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE TO VACANCY
DO YOU HAVE A VALID MISSOURI CHAUFFER'S LICENSE?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE TO VACANCY
DO YOU HAVE A VALID MISSOURI COMMERCIAL DRIVER'S LICENSE?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE TO VACANCY
DO YOU HAVE A VALID MISSOURI SCHOOL BUS OPERATOR'S PERMIT?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE TO VACANCY
DO YOU HOLD A VALID MISSOURI TEACHING CERTIFICATE? IF YES, PLEASE LIST.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE TO VACANCY
OTHER LICENSE OR CERTIFICATE	LICENSE OR CERTIFICATE NO.
OTHER LICENSE OR CERTIFICATE	LICENSE OR CERTIFICATE NO.

COMMENTS

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## EMPLOYMENT HISTORY

Please complete this section starting with your present or most recent employer. Use additional sheets of paper if necessary.

EMPLOYER'S NAME		LIST DUTIES PERFORMED
ADDRESS		
YOUR JOB TITLE		
FROM (MO/YR)	TO (MO/YR)	
HOURS PER WEEK	LAST MO. SALARY	
SUPERVISOR'S NAME AND TITLE		
PHONE NO.		
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY?		
REASON FOR LEAVING		

EMPLOYER'S NAME		LIST DUTIES PERFORMED
ADDRESS		
YOUR JOB TITLE		
FROM (MO/YR)	TO (MO/YR)	
HOURS PER WEEK	LAST MO. SALARY	
SUPERVISOR'S NAME AND TITLE		
PHONE NO.		
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY?		
REASON FOR LEAVING		

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FROM (MO/YR)	TO (MO/YR)	
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PHONE NO.		
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY?		
REASON FOR LEAVING		

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ADDRESS		
YOUR JOB TITLE		
FROM (MO/YR)	TO (MO/YR)	
HOURS PER WEEK	LAST MO. SALARY	
SUPERVISOR'S NAME AND TITLE		
PHONE NO.		
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY?		
REASON FOR LEAVING		

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ADDRESS		
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FROM (MO/YR)	TO (MO/YR)	
HOURS PER WEEK	LAST MO. SALARY	
SUPERVISOR'S NAME AND TITLE		
PHONE NO.		
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY?		
REASON FOR LEAVING		

**BUSINESS REFERENCES**

In the space below, list the name, address, and phone number of three references who can verify your ability to perform the essential functions of the position as listed on the vacancy notice.

NAME	ADDRESS	DAYTIME PHONE NO.	EVENING PHONE NO.

I certify the above statements are correct and complete and, if employed, understand that any false or omitted information in this application or its supporting documents will be sufficient grounds for immediate termination. My signature authorizes the Missouri Department of Elementary and Secondary Education (DESE) to review my previous employment, driving and criminal records and order background data as may relate to the position for which I am applying. I understand that if selected for an interview, DESE reserves the right to ask questions about my criminal history and that DESE will conduct pre-employment background screenings on final candidates (paid by the Department with the exception of the cost associated with providing a driver's record for applicants with a confidential or out-of-state driver's license). I also agree to provide the necessary information to conduct this background check. Non-criminal background check results will not be released to you by DESE.

I accept this condition.      Type Name here

Date

**NOTICE OF NONDISCRIMINATION:** The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email [civilrights@deese.mo.gov](mailto:civilrights@deese.mo.gov).

## VOLUNTARY AFFIRMATIVE ACTION DATA

The Missouri Department of Elementary and Secondary Education (DESE) is required to report specific information regarding our applicant pool for affirmative action purposes. The information you provide will be kept confidential in accordance with state and federal laws. Please complete the form and return it to: Human Resources, Missouri Department of Elementary and Secondary Education, P.O. Box 480, Jefferson City, MO 65102-0480.

The hiring section will not have access to this data during the selection process. The data provided will neither enhance or detract from your opportunity for employment with DESE. This information is requested on a voluntary basis. Refusal to provide this information will not subject you to adverse treatment.

Title of job for which you are applying: \_\_\_\_\_

Job order number: \_\_\_\_\_

1. Ethnic Origin (defined by Office of Federal Compliance Programs, U.S. Department of Labor):

- White** (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American** (Not Hispanic or Latino) - A person having origins in any of the original black racial groups of Africa.
- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- Asian** (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent; for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian/Native Alaskan** (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Native Hawaiian/Pacific Islander** (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Two or More Races** (Not Hispanic or Latino) - Persons who identify with two or more racial categories named above.

2. Gender

- Male
- Female

**Missouri Department of Elementary and Secondary Education**  
**“Making a positive difference through education and service”**

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