



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. | E-MAIL 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 |
|---|--------------------------|

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 | | |
| | | | | | |
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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)

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|--|---|
| 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

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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| 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? | | |
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| ADDRESS | | |
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| FROM (MO/YR): | TO (MO/YR): | |
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| REASON FOR LEAVING | | |

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| REASON FOR LEAVING |
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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. |
|------|---------|-------------------|-------------------|
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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

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 or employment practices. Inquiries related to Department employment practices may be directed to the Jefferson State Office Building, Human Resources Director, 8th floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, Missouri, 65102-0480; telephone number (573) 751-9619 or TTY (800) 735-2966.