



MISSOURI DEPARTMENT OF PUBLIC SAFETY
APPLICATION FOR EMPLOYMENT
 "AN EQUAL OPPORTUNITY EMPLOYER"
 www.dps.mo.gov

This application is used only by the following Department of Public Safety non-merit agencies: Office of the Director; Division of Alcohol and Tobacco Control; and Office of the Adjutant General.
Please type or print in ink. Your application must be completed in its entirety. A resume may not be substituted for any information requested within this application.

IDENTIFICATION AND PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NUMBER			
PRESENT MAILING ADDRESS (STREET AND NUMBER OR RFD)		CITY		STATE	ZIP CODE
TELEPHONE NUMBERS WHERE YOU CAN BE CONTACTED REGARDING EMPLOYMENT			HOME TELEPHONE NUMBER		
OTHER NAMES IN WHICH EMPLOYMENT, MILITARY OR EDUCATION RECORDS MAY BE FOUND			COUNTY AND STATE OF LEGAL RESIDENCE		

POSITIONS AND AVAILABILITY

Title of position(s) applied for. List position(s) and if applicable, job number	DATE AVAILABLE	MINIMUM ANNUAL SALARY REQUIRED	
1)			
2)			
3)			
ARE YOU WILLING TO TRAVEL IF POSITION REQUIRES IT? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU POSSESS A VALID DRIVERS LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please designate ▶	STATE	NUMBER

EDUCATION

HIGH SCHOOL OR GENERAL EDUCATION DEVELOPMENT (GED) TEST PASSED? <input type="checkbox"/> YES <input type="checkbox"/> NO	CIRCLE HIGHEST GRADE COMPLETED
SCHOOL	1 2 3 4 5 6 7 8 9 10 11 12
LOCATION (CITY AND STATE)	

POST HIGH SCHOOL TRAINING (COLLEGE, BUSINESS SCHOOL, ETC.) IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS OF PAPER

NAME AND LOCATION	CREDITS EARNED		DEGREE TYPE	MAJOR/MINOR (ATTACH YOUR TRANSCRIPTS)
	QUARTER HOURS	SEMESTER HOURS		

INDICATE SEMESTER HOURS COLLEGE CREDIT IN THESE AREAS:

___ Accounting	___ Business Administration	___ Computer Science/Information	___ History	___ Political Science	___ Social Work
___ Agriculture	___ Chemistry	___ Economics	___ Journalism	___ Psychology	___ Sociology
___ Biological Sciences	___ Criminal Justice	___ Education	___ Mathematics	___ Recreation	___ Statistics

COPY OF TRANSCRIPT MUST BE ATTACHED

MILITARY SERVICE		NATURE OF DUTIES AND RESPONSIBILITIES	
BRANCH OF SERVICE			
DATE ENTERED	DATE DISCHARGED		
RANK AT DISCHARGE	TYPE OF DISCHARGE		
ARE YOU A MEMBER OF THE MO NATIONAL GUARD? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, UNIT NAME	RANK	<input type="checkbox"/> MOS <input type="checkbox"/> AFSC

CERTIFICATES/LICENSES

If you are currently certified, registered, or licensed to practice a profession or occupation (ie POST), give the following:

LICENSE/CERTIFICATE ISSUED BY	FIELD/TRADE/SPECIALIZATION	LICENSE/CERTIFICATE NUMBER	DATE OF ISSUE	EXPIRATION DATE

COPY OF CERTIFICATE/LICENSE MUST BE ATTACHED

SKILLS

WHAT OFFICE EQUIPMENT CAN YOU OPERATE EFFICIENTLY?

LIST SOFTWARE AT WHICH YOU ARE PROFICIENT

TYPING SPEED NET WPM	DATE OF LAST TEST	NAME OF ADMINISTERING ORGANIZATION
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EXPERIENCE RECORD (PAID AND VOLUNTEER)

- List your work experience, starting with the most recent. If you have more than one job with the same organization, list each separately. The information you give in the "Duties" section is used to determine your qualifications.
- To describe additional experience or add more detail to the "Duties" section, complete a blank sheet of paper using the same format as used here and identify the job to which it relates. **A RESUME MAY NOT BE SUBSTITUTED FOR INFORMATION REQUESTED BELOW.**

EMPLOYER'S NAME		DUTIES	
EMPLOYER'S ADDRESS (STREET/PO BOX, CITY, STATE, ZIP CODE)		SHOW % OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT	
KIND OF BUSINESS	YOUR JOB TITLE		
FROM: MO/YR	TO: MO/YR		
HOURS PER WEEK	LAST MO. SALARY		
SUPERVISOR'S NAME AND TITLE	TELEPHONE		
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		TOTAL 100%	IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE NUMBER AND TYPE OF WORK THEY DID

REASON FOR LEAVING

EMPLOYER'S NAME		DUTIES	
EMPLOYER'S ADDRESS (STREET/PO BOX, CITY, STATE, ZIP CODE)		SHOW % OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT	
KIND OF BUSINESS	YOUR JOB TITLE		
FROM: MO/YR	TO: MO/YR		
HOURS PER WEEK	LAST MO. SALARY		
SUPERVISOR'S NAME AND TITLE	TELEPHONE		
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		TOTAL 100%	IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE NUMBER AND TYPE OF WORK THEY DID

REASON FOR LEAVING

EXPERIENCE RECORD (PAID AND VOLUNTEER) CONTINUED

EMPLOYER'S NAME		DUTIES	
		SHOW % OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT	
EMPLOYER'S ADDRESS (STREET/PO BOX, CITY, STATE, ZIP CODE)			
KIND OF BUSINESS	YOUR JOB TITLE		
FROM: MO/YR	TO: MO/YR		
HOURS PER WEEK	LAST MO. SALARY		
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REASON FOR LEAVING

Additional space for your experience is available on the back of this form.

PERSONAL REFERENCES

List three individuals other than relatives or employers

NAME	OCCUPATION	ADDRESS (STREET/PO BOX, CITY, STATE, ZIP CODE)	DAYTIME PHONE NUMBER

GENERAL APPLICATION AUTHORIZATION - SIGNATURE REQUIRED

READ CAREFULLY BEFORE SIGNING. YOUR BELOW SIGNATURE INDICATES THAT YOU CERTIFY, AUTHORIZE, UNDERSTAND, AND/OR AGREE TO EACH STATEMENT:

I hereby certify that information given by me is true and complete to the best of my knowledge and belief. I understand that should investigation at any time disclose any misrepresentation, falsification, or concealment as to a material fact, it will be sufficient grounds for rejection of my application and/or removal from employment.

I authorize the Department of Public Safety (DPS) to investigate any information it determines necessary to arrive at an employment decision. I authorize DPS to investigate, obtain and compile information, including information of a confidential or privileged nature, concerning my employment history; academic records; military records; driving record; character; and/or general reputation. I release DPS from any legal liability that may result from these investigations and I agree to hold harmless any individual, partnership, corporation, educational institution or agency, its officers, agents and employees from any liability for any damage whatsoever for releasing such information.

I authorize DPS to conduct a criminal history pre-employment background check through the Missouri State Highway Patrol and/or Federal Bureau of Investigation as deemed appropriate for the position(s) sought. Information obtained from the check(s) will be used in making employment decisions. I hereby waive any rights to review any information obtained by DPS as a result of the background check(s). I understand that any offer of employment is conditional upon results of background check(s).

I understand that, if employed, I will provide proof of identify and employment eligibility in accordance with the Immigration Reform and Control Act of 1986, within three working days from the initial date of employment.

I understand that, if employed by DPS, I will be required to participate in the State of Missouri direct deposit program or receive a paycard in lieu of a paper check.

I authorize DPS to and acknowledge it will confirm with the Missouri Department of Revenue that I (and my spouse, if married and filing jointly) am not delinquent on the filing of any Missouri income tax returns nor on the payment of any income taxes owed to the state of Missouri. If the Missouri Department of Revenue indicates a delinquency with regard to the filing of income tax returns or the payment of income taxes owed, I understand that such delinquency will make me ineligible for initial employment and will result in dismissal from employment if such non-compliance occurs during the course of employment.

I understand, if I am employed by DPS and a male of age 18 through 26, that in support of the U.S. Military Selective Service Act, I am required to be registered with the Select Service Administration, if employed by DPS.

SIGNATURE ▶	DATE
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THE BELOW SECTION IS TO BE COMPLETED ONLY IF APPLYING FOR EMPLOYMENT WITH THE DIVISION OF ALCOHOL AND TOBACCO CONTROL.

These questions are required to ensure compliance with State Statutes governing employment with the Division of Alcohol and Tobacco Control. If you answer yes to any of these questions, explain in detail in space provided.

- YES NO Are you a U.S. Citizen?
- YES NO Are you a Missouri resident? If yes, how long? _____
- YES NO Do you have any interest, directly or indirectly, in any business devoted in whole or in part to the distilling, brewing, manufacturing, or sale of alcoholic beverages?
- YES NO Do you have any interest, either through ownership, lease, mortgage, or other lien, on any place of business where alcoholic beverages are distilled, manufactured, brewed, or sold?
- YES NO Do you hold any commission or office, elective or appointed?
- YES NO If applying for an Agent position, are you POST certified?

EXPLAIN

SIGNATURE	DATE
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