



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 OFFICE OF HUMAN RESOURCES
 APPLICATION FOR EMPLOYMENT

INSTRUCTIONS

- > Please TYPE or PRINT LEGIBLY.
- > Complete entire application. Attach additional sheets if necessary. Resumes ARE NOT accepted in lieu of completed application.

IDENTIFICATION AND PERSONAL DATA

1. LAST NAME	FIRST	MIDDLE	JR/SR/ETC.	SOCIAL SECURITY NUMBER	
2. HOME ADDRESS - STREET		CITY		STATE ZIP CODE	
3. TELEPHONE NUMBER - HOME		BUSINESS	ALTERNATE		
4. All other names formerly used:					
5. Have you worked for Missouri state government previously? If yes, indicate which agencies, dates, and if you worked under a different name.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. If applicable to your profession, list licensing authority and your certification, registration, or license number.					
7. Have you ever had a professional license placed on probation, suspended, revoked, denied, and/or voluntarily surrendered (e.g., nurse, attorney, social worker, etc.)? If yes, please state type of license, when, type of action, and the reason(s) for the action.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Have you ever been disciplined as a licensed day care, foster home, residential care facility, etc.? If yes, state type of license, when, type of discipline, and the reason(s) for the discipline.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Have you ever been placed on the Employee Disqualification List? If yes, please state when, the duration of placement, and the reason(s) why.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Have you ever been terminated from employment or asked to resign by an employer? If yes, provide employer name and details.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. What is the minimum salary that you will accept?					
12. How did you hear about this position?					
13. Can you travel if the position requires it?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. May we contact your present employer(s)?				<input type="checkbox"/> Yes	<input type="checkbox"/> No

EDUCATION - GIVE YOUR COMPLETE EDUCATIONAL HISTORY BELOW - ATTACH COPY OF OFFICIAL COLLEGE TRANSCRIPTS, IF APPLICABLE

15. Do you have either a high school diploma or GED?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. HIGHER EDUCATION					
NAME AND LOCATION	DATES OF ATTENDANCE	MAJOR AND RELATED SUBJECTS	SEMESTER HOURS IN THOSE SUBJECTS	TOTAL SEMESTER HOURS IN ALL SUBJECTS	DEGREE EARNED

RELATIVES WORKING FOR THE DEPARTMENT OF HEALTH AND SENIOR SERVICES. Relative is defined as: Spouse, Parents, Children, Grandparents, Grandchildren, Siblings, First Cousins, In-Laws, Aunts, Uncles, Nephews, Nieces (To include All Blood, Step, and Foster Relationships).

17. NAME	RELATIONSHIP	PLACE OF WORK

EMPLOYMENT RECORD

Describe in detail all positions you have held during the last ten (10) years. Start with current employment (or if not currently employed, with most recent employment) and continue in reverse order. If you have held more than one position within a given organization, list each position as a separate period of employment. Use additional pages if necessary. All fields must be completed, except that description of duties may be completed by attaching a resume.

18. NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM			TO			DESCRIPTION OF DUTIES	REASON FOR LEAVING
	MO	DAY	YR	MO	DAY	YR		
	TITLE OF POSITION HELD							
NAME OF SUPERVISOR	SUPERVISOR'S PHONE NUMBER						HOURS PER WEEK	
19. NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM			TO			DESCRIPTION OF DUTIES	REASON FOR LEAVING
	MO	DAY	YR	MO	DAY	YR		
	TITLE OF POSITION HELD							
NAME OF SUPERVISOR	SUPERVISOR'S PHONE NUMBER						HOURS PER WEEK	
20. NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM			TO			DESCRIPTION OF DUTIES	REASON FOR LEAVING
	MO	DAY	YR	MO	DAY	YR		
	TITLE OF POSITION HELD							
NAME OF SUPERVISOR	SUPERVISOR'S PHONE NUMBER						HOURS PER WEEK	
21. NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM			TO			DESCRIPTION OF DUTIES	REASON FOR LEAVING
	MO	DAY	YR	MO	DAY	YR		
	TITLE OF POSITION HELD							
NAME OF SUPERVISOR	SUPERVISOR'S PHONE NUMBER						HOURS PER WEEK	

The Department does not sponsor employees in applications for work visas. Please direct any questions about this to the Chief of the Office of Human Resources.

THIS APPLICATION IS NOT VALID UNLESS SIGNED. READ CAREFULLY BEFORE SIGNING.

Your social security number may be used for the following purposes: (1) To conduct criminal record checks, (2) To verify information provided in your application, (3) For identification purposes in disciplinary databases. If you fail or refuse to provide your social security number, you will not be considered for employment.

The Department of Health and Senior Services (DHSS) conducts background checks on all prospective employees as a condition of employment. Background checks include but may not be limited to: employment history and references; professional certifications and educational requirements; criminal records maintained by the Missouri Uniform Law Enforcement System and any other criminal records databases; the DHSS Employee Disqualification List; and the Federal Excluded Parties list for debarment or suspension. A criminal history does not automatically exclude you from employment consideration. By signing below, you authorize DHSS to investigate, obtain, and compile said information.

I hereby certify that this application contains no misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any misrepresentation, falsification, or concealment as to a material fact, it will be sufficient ground for rejection of my application and/or removal from employment.

SIGNATURE 	DATE
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