



**MISSOURI VETERANS COMMISSION
EMPLOYMENT APPLICATION**

EOE An equal opportunity employer

INSTRUCTIONS:

Both pages of the application need to be filled out in their entirety and the signature block on page 2 must be signed in order for your application to be complete. **Attach additional sheets if necessary to fully complete application. Incomplete information could disqualify you from future consideration.**

I AM APPLYING FOR A POSITION IN:

CEMETERIES MISSOURI VETERANS HOME CENTRAL OFFICE VETERANS SERVICES PROGRAM

NAME (LAST)		(FIRST)	(MIDDLE)	SOCIAL SECURITY NUMBER	
ADDRESS			CITY	STATE	ZIP CODE
TELEPHONE NUMBER		E-MAIL ADDRESS			

HAVE YOU WORKED UNDER ANY OTHER NAME (INCLUDING MAIDEN NAME)?

NO YES IF YES, WHAT NAME(S)?

FOR WHAT POSITION(S) ARE YOU APPLYING?

IF HIRED, WILL YOU BE ABLE TO SHOW PROOF OF YOUR ELIGIBILITY TO WORK IN THE U.S.?

YES NO

FOR WHAT TYPE OF EMPLOYMENT ARE YOU APPLYING?

FULL TIME PART TIME TEMPORARY ANY

WHAT IS THE MINIMUM SALARY YOU WILL ACCEPT?

WHAT SHIFTS ARE YOU WILLING TO WORK?

DAYS EVENINGS NIGHTS

DO YOU CURRENTLY HAVE ANY FAMILY MEMBERS EMPLOYED BY THE MISSOURI VETERANS COMMISSION?

YES NO

HAVE YOU EVER BEEN EMPLOYED BY THE MISSOURI VETERANS COMMISSION?

YES NO

LOCATION

DATES

HAVE YOU EVER WORKED FOR ANOTHER STATE AGENCY? (LIST AGENCY AND DATES)

YES NO

HAVE YOU EVER BEEN DISMISSED FROM ANOTHER STATE AGENCY?

YES NO

RECORD OF EDUCATION

HAVE YOU GRADUATED FROM HIGH SCHOOL OR OBTAINED A GED?

YES NO

HIGH SCHOOL NAME

LIST COLLEGE, UNIVERSITY, VOCATIONAL SCHOOL, OTHERS, BELOW (ATTACH TRANSCRIPTS)

NAME AND LOCATION		COURSE OF STUDY	SEMESTER HOURS OR CLOCK HOURS COMPLETED	LIST DIPLOMA/DEGREE ATTAINED AND DATE DEGREE ATTAINED
NAME				
LOCATION				
NAME				
LOCATION				
NAME				
LOCATION				
NAME				
LOCATION				

NAME	SOCIAL SECURITY NUMBER
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RECORD OF EMPLOYMENT/MILITARY SERVICE

Include your last (7) seven years of employment history, accounting for any periods of unemployment as well as military service starting with the most recent and working backwards. Also, include any prior employment history that may be relevant to the position you are applying.

NAME, ADDRESS AND TELEPHONE NUMBER OF EMPLOYER	FROM		TO		HOURS PER WEEK	POSITION HELD AND DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING		
	MONTH	YEAR	MONTH	YEAR						
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If you are certified, registered, or licensed to practice your profession or occupation, give name of association or licensing authority and certification, registration, or license number.

ASSOCIATION OR LICENSING AUTHORITY	CERTIFICATION, REGISTRATION, OR LICENSE NUMBER, AND EXPIRATION DATE
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HAVE YOU EVER HAD A LICENSE OR CERTIFICATION SUSPENDED, CENSURED, REVOKED OR PLACED ON PROBATION; OR IS YOUR LICENSE/CERTIFICATION CURRENTLY UNDER INVESTIGATION?

YES NO If yes, give details:

I authorize the Missouri Veterans Commission (MVC) to make a background investigation that may include, but is not limited to, requesting, receiving and using information regarding my current and past employment, academic credentials, and driving record. The background investigation may seek information regarding my character and work habits, including but not limited to, oral assessments of my job performance, experiences and abilities and reasons for termination of past employment. I agree to hold the MVC and its agents and employees, and any individual or organization providing such information, harmless in connection with the collection and use of such information. I have listed above all current and former employers as well as their contact information for the past 7 years of my employment. I knowingly and voluntarily release and hold harmless these individuals and organizations from any and all claims of any kind that I have because they provide, or attempt to provide, any information requested by MVC related to my employment.

I also hereby certify, under penalty of perjury, that the facts set forth in this employment application and any submitted materials are true and complete to the best of my knowledge. I understand that if employed, omissions and/or falsified statements on this application may be considered sufficient cause for dismissal.

A drug screen may be performed on all employees or upon reasonable suspicion, post-accident or return to duty, and on follow-up basis, and continued employment will be contingent upon negative results.

I understand that the Missouri Veterans Commission promotes a drug free work place and agree to random testing as the Commission deems necessary.

If offered employment, I understand that such an offer may be contingent upon a negative drug screen and results of state and federal criminal background screens.

I understand as a condition of continued employment with the Missouri Veterans Commission, all persons employed full-time, part-time or on a temporary or contracted basis shall file all State income tax returns and pay all State income taxes owed.

SIGNATURE	DATE
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MAY WE CONTACT YOUR CURRENT EMPLOYER(S)?

NO YES