

**APPLICATION FOR EMPLOYMENT**

**Print in black ink or type answers to every question. All sections of the application must be completed.**

Submit the application to the mailing address, fax number, or email address above. Individuals with disabilities should contact Human Resources at (573) 777-9977 if accommodations or assistance is needed in any phase of the employment process.

**PERSONAL DATA**

LAST NAME FIRST NAME MIDDLE INITIAL

SOCIAL SECURITY NUMBER OTHER NAMES IN WHICH RECORDS MAY BE FOUND PREFERRED NAME, IF DIFFERENT

PERMANENT ADDRESS (number & street) CITY STATE ZIP PHONE

TEMPORARY ADDRESS (if applicable) CITY STATE ZIP PHONE

EMAIL ADDRESS ALTERNATE CONTACT PHONE NUMBER MAY WE CONTACT YOU AT WORK?  
 YES  NO

POSITION APPLIED FOR (please be specific) EARLIEST EMPLOYMENT DATE AVAILABLE:  
 ON OR AFTER (Date):  AFTER TWO-WEEK NOTICE

TYPE OF POSITION WILL CONSIDER: SPECIFY DAYS & HOURS IF PART TIME  
 FULL TIME  PART TIME

HAVE YOU EVER WORKED IN A PAID, CONTRACT, CLINICAL, OR VOLUNTEER CAPACITY WITH OUR AGENCY? IF YES, LIST THE NATURE OF POSITION, OFFICE LOCATION, AND APPROXIMATE DATES OF EMPLOYMENT  
 YES  NO

HAVE YOU EVER WORKED FOR ANOTHER STATE AGENCY IN MISSOURI? IF YES, LIST THE DATES OF EMPLOYMENT AND AGENCY  
 YES  NO

NAMES OF ANY RELATIVES EMPLOYED BY THIS AGENCY (NAME) (RELATIONSHIP)

PLEASE CHECK ALL LOCATIONS YOU WILL CONSIDER FOR EMPLOYMENT

CENTRAL REGION:	EASTERN REGION:	NORTHERN REGION:	SOUTHEASTERN REGION:	SOUTHWESTERN REGION:	WESTERN REGION:
<input type="checkbox"/> Columbia	<input type="checkbox"/> Farmington	<input type="checkbox"/> Chillicothe	<input type="checkbox"/> Cape Girardeau	<input type="checkbox"/> Ava	<input type="checkbox"/> Harrisonville
<input type="checkbox"/> Fulton	<input type="checkbox"/> Hillsboro	<input type="checkbox"/> Hannibal	<input type="checkbox"/> Portageville	<input type="checkbox"/> Bolivar	<input type="checkbox"/> Kansas City
<input type="checkbox"/> Jefferson City	<input type="checkbox"/> Rolla	<input type="checkbox"/> Kirksville	<input type="checkbox"/> Kennett	<input type="checkbox"/> Carthage	<input type="checkbox"/> Liberty
<input type="checkbox"/> Moberly	<input type="checkbox"/> St. Charles	<input type="checkbox"/> Maryville	<input type="checkbox"/> Poplar Bluff	<input type="checkbox"/> Lebanon	<input type="checkbox"/> Nevada
<input type="checkbox"/> Sedalia	<input type="checkbox"/> St. Louis City		<input type="checkbox"/> West Plains	<input type="checkbox"/> Monett	<input type="checkbox"/> St. Joseph
	<input type="checkbox"/> St. Louis County			<input type="checkbox"/> Springfield	
	<input type="checkbox"/> Troy				
	<input type="checkbox"/> Union				

COMMENTS/INFORMATION ABOUT LOCATION PREFERENCE: \_\_\_\_\_

Middle Initial:

First Name:

Last Name: ENTER YOUR NAME HERE:

**EDUCATION**

HIGH SCHOOL	NAME & LOCATION OF SCHOOL	HIGH SCHOOL GRADUATE OR HIGH SCHOOL EQUIVALENCY
	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

COLLEGE/ PROFESSIONAL & OTHER SPECIAL TRAINING	NAME & LOCATION OF SCHOOL	FROM	TO	MAJOR/ MINOR	DEGREE (OR HIGHEST GRADE COMPLETED)
	_____				
	_____				
	_____				

LIST ANY SCHOLARSHIPS, ACADEMIC HONORS, AWARDS OR SPECIAL ACHIEVEMENTS

ATTORNEY APPLICANTS ONLY	ARE YOU LICENSED TO PRACTICE LAW IN THE STATE OF MISSOURI AND CURRENTLY IN GOOD STANDING WITH THE MISSOURI BAR?		IF YES, LIST MISSOURI BAR NUMBER
	YES	NO	
	IF NOT CURRENTLY LICENSED IN MO, WHEN DO YOU ANTICIPATE LICENSURE TO PRACTICE LAW IN THE STATE OF MISSOURI?		IF LICENSED IN ANOTHER STATE, PLEASE INDICATE STATE(S) OF LICENSURE
	_____		_____

**EMPLOYMENT HISTORY**

PROVIDE EMPLOYMENT INFORMATION FOR LAST 10 YEARS, BEGINNING WITH CURRENT OR MOST RECENT EMPLOYER. ATTACH ADDITIONAL SHEETS IF NECESSARY. **NOTE: A RESUME MAY NOT BE SUBSTITUTED FOR THE INFORMATION REQUIRED IN THIS APPLICATION.**

CURRENT OR MOST RECENT - NAME OF EMPLOYER PHONE (include area code)

ADDRESS (number & street) CITY STATE ZIP IMMEDIATE SUPERVISOR

EMPLOYMENT DATES (MONTH & YEAR) TITLE OF POSITION  
FROM: TO:

DESCRIPTION OF DUTIES

REASON FOR SEEKING OTHER EMPLOYMENT

MAY WE CONTACT THIS EMPLOYER?  
YES NO If no, please explain:

NAME OF EMPLOYER PHONE (include area code)

ADDRESS (number & street) CITY STATE ZIP IMMEDIATE SUPERVISOR

EMPLOYMENT DATES (MONTH & YEAR) TITLE OF POSITION  
FROM: TO:

DESCRIPTION OF DUTIES

REASON FOR CHANGE OR LEAVING

MAY WE CONTACT THIS EMPLOYER?  
YES NO If no, please explain:

**EMPLOYMENT HISTORY (continued)**

<b>NAME OF EMPLOYER</b>				PHONE (include area code)	
ADDRESS (number & street)		CITY	STATE	ZIP	IMMEDIATE SUPERVISOR
EMPLOYMENT DATES (MONTH & YEAR)		TITLE OF POSITION			
FROM:	TO:				
DESCRIPTION OF DUTIES					
REASON FOR CHANGE OR LEAVING					
MAY WE CONTACT THIS EMPLOYER?					
YES	NO	If no, please explain:			

<b>NAME OF EMPLOYER</b>				PHONE (include area code)	
ADDRESS (number & street)		CITY	STATE	ZIP	IMMEDIATE SUPERVISOR
EMPLOYMENT DATES (MONTH & YEAR)		TITLE OF POSITION			
FROM:	TO:				
DESCRIPTION OF DUTIES					
REASON FOR CHANGE OR LEAVING					
MAY WE CONTACT THIS EMPLOYER?					
YES	NO	If no, please explain:			

**MILITARY SERVICE**

HAVE YOU SERVED IN THE U.S. ARMED FORCES?	PERIOD OF ACTIVE DUTY (MONTH/YEAR)	
YES NO		
BRANCH OF SERVICE	DATE OF FINAL DISCHARGE	RANK AT TIME OF DISCHARGE
DO YOU HAVE ANY EXPERIENCE FROM MILITARY SERVICE THAT WOULD BE RELEVANT TO THE POSITION(S) FOR WHICH YOU ARE APPLYING?		

**SKILLS**

PLEASE INDICATE SKILL BY CHECKING THE APPROPRIATE BOXES:

TYPING	WORD PROCESSING	COMPUTER SOFTWARE
_____ W.P.M.	LIST SOFTWARE: _____	
OTHER OFFICE EQUIPMENT YOU ARE FAMILIAR WITH		
LIST FOREIGN LANGUAGES THAT YOU SPEAK OR READ PROFICIENTLY		
ARE THERE ANY OTHER EXPERIENCES, SKILLS, OR QUALIFICATIONS THAT YOU THINK WOULD ESPECIALLY PREPARE YOU FOR WORK WITH THIS DEPARTMENT?		

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## REFERENCES

**DO NOT LIST RELATIVES. INCLUDE INDIVIDUALS WHO HAVE KNOWLEDGE OF YOUR BACKGROUND.**

<b>NAME</b>	<b>ADDRESS</b>	<b>PHONE (include area code)</b>
OCCUPATION	RELATIONSHIP TO REFERENCE	
<b>NAME</b>	<b>ADDRESS</b>	<b>PHONE (include area code)</b>
OCCUPATION	RELATIONSHIP TO REFERENCE	
<b>NAME</b>	<b>ADDRESS</b>	<b>PHONE (include area code)</b>
OCCUPATION	RELATIONSHIP TO REFERENCE	

## APPLICANT CERTIFICATION

- I hereby authorize the Missouri State Public Defender System to make any investigations regarding my personal history. This includes the thorough investigation of my references, work record, education, and any information necessary in arriving at an employment decision. Pursuant to the Driver's Privacy Protection Act, I hereby authorize MSPD to obtain my driver's record from the Missouri Motor Vehicle & Driver Licensing Division or the equivalent in any other state in which I may have a driver's license. I further authorize my previous employers to release to the Public Defender System any information they may have regarding my character or employment history, whether on record or not. I hereby release the Public Defender System, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.
- If employed by the Public Defender, I understand that my employment would be "at will" and could be terminated at any time by either party, with or without cause.
- State law requires all state employees to file all state income tax returns and pay all state income taxes owed. I understand that verification of taxes owed will be conducted by the state and failure to satisfy any liability or payment owed will result in termination of employment.
- The U.S. Military Selective Service act requires males age 18 through 26 to register with the Selective Service Administration. I certify that I am registered with the Selective Service Administration if I am subject to this act.
- I certify that all of the statements in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that if I am employed, any falsification, misrepresentation, or omission on this application shall be considered sufficient cause for dismissal.

By typing or signing my complete name below, I hereby attest to the statements above:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applications will remain on file for 120 days in order to maintain control of document flow. An applicant may request to reactivate an application every 120 days, not to exceed 1 year.

*THE MISSOURI STATE PUBLIC DEFENDER SYSTEM IS AN EQUAL OPPORTUNITY EMPLOYER. APPLICANTS WILL RECEIVE CONSIDERATION FOR POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, DISABILITY, AGE, SEX, SEXUAL ORIENTATION, MARITAL STATUS, VETERAN STATUS OR ANY OTHER STATUS PROTECTED UNDER LOCAL, STATE, OR FEDERAL LAWS.*