



# Office of the Secretary of State Application for Employment

An Equal Opportunity Employer

If you have special needs as identified by the Americans With Disabilities Act of 1990 and need assistance with any phase of the application process or need this application provided in an alternative format, immediately notify the Personnel Office at (573) 522-6254. Reasonable attempts will be made to accommodate your needs.

*Please Type or Print in Ink*

## **IDENTIFICATION**

Position applied for or desired: \_\_\_\_\_  
Title or description

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Social Security number \_\_\_\_\_

Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Email: \_\_\_\_\_

May we contact you at work? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been employed by the Office of the Secretary of State? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of supervisor and dates employed: \_\_\_\_\_

Other names in which employment, military or education records may be found: \_\_\_\_\_

When would you be able to start work? \_\_\_\_\_ Minimum salary expectation: \_\_\_\_\_ (optional)

For part-time employment, indicate hours available to work: \_\_\_\_\_

## **EDUCATION** (If more space is needed, attach additional sheets of paper.)

Elementary / Secondary – check highest grade completed:

1 2 3 4 5 6 7 8 9 10 11 12

College – check highest grade completed:

1 2 3 4 5 6

Do you have a high school diploma or equivalent? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list all education beginning with high school and indicate any diplomas or degrees completed.

Name	Location	Course of Study	Degree/Diploma
High School	_____	_____	_____
Technical/Vocational School	_____	_____	_____
College	_____	_____	_____
Other	_____	_____	_____

**CERTIFICATES/LICENSES**

List all valid professional licenses/registrations or certificates you hold which you feel are relevant to the position for which you are applying. Include the certification/registration number and expiration date. Copies of certificates/licenses must be attached.

\_\_\_\_\_

**SKILLS**

What office equipment can you operate efficiently?

\_\_\_\_\_

List software with which you are proficient:

\_\_\_\_\_

Keyboarding Speed: \_\_\_\_\_ net wpm      Shorthand Speed: \_\_\_\_\_ wpm      Date of last test: \_\_\_\_\_

Name of administering organization: \_\_\_\_\_

**EXPERIENCE RECORD**—Paid and Volunteer. (If more space is needed, attach additional sheets of paper.)

Employer \_\_\_\_\_ Employment dates \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ beginning \_\_\_\_\_/\_\_\_\_ ending \_\_\_\_\_  
month year month year salary salary

Address (Street, City, State & Zip Code) \_\_\_\_\_ May we contact for references? Yes \_\_\_\_\_ No \_\_\_\_\_

Title of position you held \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Supervisor's telephone number \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Number of hours worked per week \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Describe duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Employment dates \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ beginning \_\_\_\_\_/\_\_\_\_ ending \_\_\_\_\_  
month year month year salary salary

Address (Street, City, State & Zip Code) \_\_\_\_\_ May we contact for references? Yes \_\_\_\_\_ No \_\_\_\_\_

Title of position you held \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Supervisor's telephone number \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Number of hours worked per week \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Describe duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Employment dates \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ beginning / ending  
month / year month / year salary salary

Address (Street, City, State & Zip Code) \_\_\_\_\_ May we contact for references? Yes \_\_\_\_\_ No \_\_\_\_\_

Title of position you held \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Supervisor's telephone number \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Number of hours worked per week \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Describe duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL DATA**

Are you authorized to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to travel if the position requires it? Yes \_\_\_\_\_ No \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT CERTIFICATION**

I hereby certify that this application contains no willful misrepresentations or falsifications 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 such misrepresentation or falsification as to a material fact, my application will be rejected and/or I will be terminated from my position.

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize my previous employers or any educational institutions I have attended to release to the Secretary of State's authorized representative any information they may have regarding my character, academic record or employment history, whether on record or not. I also authorize any enforcement agency, or the Department of Revenue or other motor vehicle regulatory agency to allow any authorized representative of the Secretary of State to examine, copy or receive any records pertaining to me regarding convictions, driving, or tax compliance records. By authorizing the above, 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 issuing such information.

**AUTHORIZATION** (please choose one of the following)

By clicking the box and sending electronically, or signing below and mailing the application, I agree to the above statements.

Clicking this box serves as my digital signature.

\_\_\_\_\_  
SIGNATURE DATE

**STATEMENT OF NONDISCRIMINATION:** The Office of the Secretary of State does not discriminate on the basis of race, color, national origin, religion, age, sex, sexual orientation, gender identity, veterans' status or disability, or any other reason prohibited by law. Any persons having inquiries concerning the Office of the Secretary of State's compliance with this nondiscrimination resolution is encouraged to contact the Office of the Secretary of State, Personnel Office, James C. Kirkpatrick State Information Center, PO Box 1767, Jefferson City, Missouri 65102-1767, (573) 522-6254.