



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
EMPLOYMENT APPLICATION

FACILITY NAME AND ADDRESS

FOR OFFICE USE ONLY	CLASS
	DATE APPOINTED

NAME (LAST)	(FIRST)	(MIDDLE)	SOCIAL SECURITY NUMBER	
ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE NUMBER	HAVE YOU WORKED UNDER ANY OTHER NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT NAME(S)?			

FOR WHAT POSITIONS ARE YOU APPLYING? _____

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

STATE LAW PROHIBITS THE HIRING OF RELATIVES IN CERTAIN SITUATIONS. DO YOU HAVE ANY RELATIVES (SPOUSE, CHILD, PARENT, SIBLING, GRANDPARENT, OR GRANDCHILD) WORKING FOR THE DEPARTMENT OF MENTAL HEALTH? YES NO

IF YES, STATE DETAILS _____

THE LAW SAYS YOU CANNOT WORK FOR DMH IF YOU WERE CONVICTED OF A CRIME LISTED ON THIS WEBSITE [HTTP://DMH.MO.GOV/ABOUT/EMPLOYEEISQUALIFICATION/](http://dmh.mo.gov/about/employeedisqualification/). CONVICTED MEANS FOUND GUILTY, PLED GUILTY OR NO CONTEST, RECEIVED A SUSPENDED IMPOSITION OF SENTENCE OR A SUSPENDED EXECUTION OF SENTENCE. THERE IS A WAY FOR YOU TO ASK FOR AN EXCEPTION IF YOU WERE CONVICTED OF A CRIME LISTED ON THE WEBSITE. THE WEBSITE EXPLAINS THE STEPS YOU WOULD NEED TO TAKE TO APPLY FOR AN EXCEPTION. IF APPROVED, AN EXCEPTION WOULD ALLOW YOU TO WORK FOR DMH.

RECORD OF EDUCATION

HAVE YOU GRADUATED FROM HIGH SCHOOL OR OBTAINED A GED? YES NO

LIST COLLEGE, UNIVERSITY, VOCATIONAL SCHOOL, OTHERS, BELOW

NAME AND LOCATION	DATES OF ATTENDANCE	COURSE OF STUDY	SEMESTER HOURS OR CLOCK HOURS COMPLETED	LIST DIPLOMA OR DEGREE ATTAINED
NAME				
LOCATION				
NAME				
LOCATION				
NAME				
LOCATION				
NAME				
LOCATION				
NAME				
LOCATION				

