



STATE OF MISSOURI  
DEPARTMENT OF MENTAL HEALTH  
**EMPLOYMENT APPLICATION**

FACILITY NAME AND ADDRESS

<b>FOR OFFICE USE ONLY</b>	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

IF YOU APPLIED FOR CERTAIN JOBS REQUIRING LICENSURE OR CERTIFICATION AND ARE NOT SELECTED AT THIS TIME, YOUR APPLICATION WILL BE FORWARDED TO THE MISSOURI DIVISION OF PERSONNEL FOR REVIEW OF YOUR QUALIFICATIONS AND POSSIBLE CONSIDERATION FOR VACANCIES IN THIS AND OTHER AGENCIES. FOR WHICH COUNTIES ARE YOU AVAILABLE FOR EMPLOYMENT (IF STATEWIDE, WRITE "STATEWIDE")? \_\_\_\_\_

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 \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATION OTHER THAN A MINOR TRAFFIC VIOLATION?    YES    NO

IF YES, STATE DETAILS \_\_\_\_\_

\_\_\_\_\_

**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				

