Print Form Reset Form

Missouri Division of Fire Safety
P.O. Box 844
Jefferson City, MO 65102
205 Jefferson Street, Suite 1315
Jefferson City, MO 65101
(573) 751-2930 FAX (573) 751-5710

APPLICATION FOR EMPLOYMENT

"An Affirmative Action/Equal Opportunity Employer"

You must fill out all sections of this application completely and honestly. Attach additional sheet(s) if necessary. Resumes not accepted in lieu of completed application.

POSITION APPLIED FOR:	
Title:	Salary Desired:

PERSONAL INFORMATION:			
Name (Last, First, Middle Initial): Address (Street and Number or RFD):			Email Address: Social Security Number - -
City:	State:	Zip:	Home Telephone Number: Work Telephone Number: ext
Cell Phone Number:			May we contact you at work? YES ☐ NO ☐
Other names you have been employed under:			
Have you notified your supervisor that you are applying for this position? YES ☐ NO ☐ How did you find out about the job opening?			

EDUCATION & SKILLS:	
High School or General Education Development Test Passed?	YES ☐ NO ☐
Name of High School/Location:	Highest Grade Completed?

POST HIGH SCHOOL TRAINING (COLLEGE, BUSINESS SCHOOL, MILITARY, ETC.) Please list all education beginning with most recent. Indicate diploma or degree earned and attach transcripts/completion certificate.

Name & Location of School/College	Credits Earned		Degree Type	Major/Minor
	Quarter Hours/Yrs Completed	Semester Hours		

INDICATE SEMESTER HOURS COLLEGE CREDITS IN THESE AREAS: Please attach a copy of transcripts					
Accounting	Business Administration	Computer Science Information	History	Physics	Social Work
Agriculture	Chemistry	Economics	Journalism	Political Science	Sociology
Biological Sciences	Criminal Justice	Education	Mathematics	Psychology	Statistics

MILITARY SERVICE: Attach a copy of Form DD214			
Branch of Service	Entry Date Mo/Yr	Discharge Date Mo/Yr	Type of Discharge

CERTIFICATES/LICENSES: If you are currently certified, registered, or licensed to practice a profession or occupation, give the following and attach a copy of the certificate/license.				
License/Certificate Issued By:	Field/Trade/Specialization	License/Certificate Number	Date of Issue	Expiration Date

SKILLS			
What office equipment can you operate efficiently?			
List software at which you are proficient			
Typing Speed NET WPM	**Shorthand Speed** WPM	**Date of Last Test**	**Administering Organization**

PERSONAL DATA

A. Pursuant to RSMo. 320.210, no individual who has been convicted of a felony or other crime involving moral turpitude is eligible for employment with the Division of Fire Safety.

REMARKS:

B. Are you authorized to work in the U.S.? YES ☐ NO ☐

C. Are you willing to travel if the position requires it? YES ☐ NO ☐

EMPLOYMENT HISTORY:

- Describe in detail all positions you have held to include military service. Start with your present employment or if unemployed your most recent employment. List your employment history in reverse order most recent to last.
- If you have more than one job with the same organization, list each as a separate period of employment. Explain gaps in employment history. Attach extra sheets if necessary following the same format used herein.
- Be sure to indicate where the record of your experience may be verified. This information will be used in reference checks. Failure to answer all items may eliminate you from further consideration.
- **A RESUME MAY NOT BE SUBSTITUTED FOR INFORMATION REQUESTED BELOW**

EMPLOYER'S NAME:			
EMPLOYER'S ADDRESS:			
KIND OF BUSINESS:			
YOUR JOB TITLE:			
FROM: MO/YR	**TO: MO/YR**	**HOURS PER WEEK:**	**LAST MONTH SALARY:**
SUPERVISOR'S NAME AND TITLE:			**TELEPHONE:**
MAY WE CONTACT YOUR SUPERVISOR? YES ☐ NO ☐			
REASON FOR LEAVING			

	DUTIES **SHOW % OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT**
TOTAL 100%	**IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE NUMBER AND TYPE OF WORK THEY DID?**

EMPLOYER'S NAME:			
EMPLOYER'S ADDRESS:			
KIND OF BUSINESS:			
YOUR JOB TITLE:			
FROM: MO/YR	**TO: MO/YR**	**HOURS PER WEEK:**	**LAST MONTH SALARY:**
SUPERVISOR'S NAME AND TITLE:			**TELEPHONE:**
MAY WE CONTACT YOUR SUPERVISOR? YES ☐ NO ☐			
REASON FOR LEAVING:			

	DUTIES **SHOW % OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT**
TOTAL 100%	**IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE NUMBER AND TYPE OF WORK THEY DID?**

EMPLOYMENT HISTORY CONTINUED:

Attach extra sheets if necessary following the same format used herein.

EMPLOYER'S NAME:			
EMPLOYER'S ADDRESS:			
KIND OF BUSINESS:			
YOUR JOB TITLE:			
FROM: MO/YR	**TO: MO/YR**	**HOURS PER WEEK:**	**LAST MONTH SALARY:**
SUPERVISOR'S NAME AND TITLE:			**TELEPHONE:**
MAY WE CONTACT YOUR SUPERVISOR? YES ☐ NO ☐			
REASON FOR LEAVING			

	DUTIES **SHOW % OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT**
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MAY WE CONTACT YOUR SUPERVISOR? YES ☐ NO ☐			
REASON FOR LEAVING:			

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REASON FOR LEAVING:			

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TOTAL 100%	**IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE NUMBER AND TYPE OF WORK THEY DID?**

BUSINESS REFERENCE: Please provide a list of business references requested below	
Name:	**Relationship with contact:**
Company Organization	**Title**
Address (City, State, Zip)	**Telephone Number:**
Name:	**Relationship with contact:**
Company Organization	**Title**
Address (City, State, Zip)	**Telephone Number:**
Name:	**Relationship with contact:**
Company Organization	**Title**
Address (City, State, Zip)	**Telephone Number:**
Name:	**Relationship with contact:**
Company Organization	**Title**
Address (City, State, Zip)	**Telephone Number:**

Information Verification Authorization

Application Certification

PLEASE READ CAREFULLY AND SIGN – I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I understand that any false information (or omissions) in this application, or its supporting documents, will be sufficient grounds for rejection of my application. I further understand that the Missouri Division of Fire Safety has the right to review my education, previous employment, driving and criminal records and other background data.

Applicant's Signature:	**Date:**

Authorization for Release of Information

I hereby authorize my previous employers or any educational institution I have attended and disclose to any Missouri Division of Fire Safety authorized representative any information they 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 Missouri Division of Fire Safety to examine, copy or receive any records pertaining to me regarding convictions or driving record. By authorizing the above, I agree to hold harmless any individual, partnership, corporation, educational institution or agency, its officers agents and employees for any liability for any damage whatsoever for issuing such information.

Signature:	**Date:**

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Applicant Characteristic Survey

The following requested information is **VOLUNTARY** and in no way affects you as an individual applicant or your application for examination. This information will be used for federal reporting and research purposes only to find out how effective our recruitment efforts are in reaching all segments of the population and in providing equal employment opportunity.

Instructions:

Please fill in your Social Security Number in the spaces provided below. Place your numbered answer to each question in the space to the left of each question. Return this form with your application for employment.

SOCIAL SECURITY NUMBER (last 4 digits):

X	X	X	-	X	X	-				

	What Sex are you? 1. Male 2. Female
	What is the highest level of education you have attained? 1. 0-8 Years 2. 9-12 Years but not a high school graduate 3. High school graduate (or passed GED test) 4. Post high school vocational or business school training 5. College, less than B.A. or B.S. degree 6. B.A. or B.S., or comparable bachelor's degree 7. M.A. or M.S., or comparable master's degree 8. PhD, JD, LLB, or comparable professional degree 9. MD, or comparable professional degree in medicine
	Of the following, of which racial/ethnic group do you consider yourself a member? 1. American Indian 2. Hispanic 3. Asian/Oriental 4. Black 5. White 6. Other
	What is your age? (Indicate the age group in which you fall). 1. 16-24 Years 2. 25-29 Years 3. 30-39 Years 4. 40-49 Years 5. 50-59 Years 6. 60-64 Years 7. 65-69 Years 8. 70 or more years
	How did you learn about this position? 1. Web Site 2. Missouri State Division of Employment Security 3. Other State Agency 4. Friend 5. Newspaper 6. State Employee 7. School 8. Other
	Do you have any physical or mental disability which does not prevent employment, but which should be considered in job placement? If you do, indicate the area of impairment 1. No disability 2. Sight 3. Hearing 4. Amputee 5. Epilepsy 6. Diabetes 7. Cardiac 8. Partial Paralysis 9. Mental 10. Other