



STATE OF MISSOURI
 DEPARTMENT OF AGRICULTURE
 P.O. BOX 630, 1616 MISSOURI BOULEVARD
 JEFFERSON CITY, MISSOURI 65102
**APPLICATION FOR PART-TIME OR
 TEMPORARY EMPLOYMENT**

FOR OFFICE USE ONLY	
<input type="checkbox"/> NEW EMPLOYEE	<input type="checkbox"/> REHIRE
DEPARTMENT	EFFECTIVE DATE
SALARY	INITIALS

NAME			DATE	
ADDRESS			SOCIAL SECURITY NUMBER	
CITY		STATE	ZIP	
TELEPHONE NUMBER - HOME () ()	TELEPHONE NUMBER - WORK () ()	OTHER MEANS OF CONTACT		
TYPE OF POSITION: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME		SPECIFY DAYS AND HOURS IF PART-TIME		
HAVE YOU EVER BEEN EMPLOYED BY THE STATE OF MISSOURI? <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF YES, LIST DATE(S) AND DEPARTMENT(S)				
LIST NAME(S) OF RELATIVE(S) EMPLOYED BY THIS DEPARTMENT				
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF SO, EXPLAIN:				
CHECK AREAS OF QUALIFICATIONS/EXPERIENCES:				
<input type="checkbox"/> TYPING SPEED _____	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> BACKHOE		
<input type="checkbox"/> CASHIER/TELLER	<input type="checkbox"/> GRAPHICS	<input type="checkbox"/> OTR TRUCK		
<input type="checkbox"/> COMPUTER SKILLS	<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> DUMP TRUCK		
<input type="checkbox"/> SWITCHBOARD	<input type="checkbox"/> PAINTING	<input type="checkbox"/> WELDING		
<input type="checkbox"/> FORKLIFT	<input type="checkbox"/> BOBCAT	<input type="checkbox"/> FLOOR CARE		
<input type="checkbox"/> PLUMBING	<input type="checkbox"/> HYLOADER	<input type="checkbox"/> CHAUFFEURS LICENSE		
<input type="checkbox"/> CARPENTRY	<input type="checkbox"/> TRACTOR	<input type="checkbox"/> GRAIN		
FOR STATE FAIR USE ONLY				
CHECK FIRST AND SECOND PREFERENCES OF WORK LOCATION				
_____ PARKING	_____ JANITORIAL	_____ MAINTENANCE	_____ FOOD SERVICE	
_____ GRANDSTAND	_____ SECURITY	_____ ADMISSIONS	_____ PUBLICITY	
_____ CLERICAL	_____ OTHER: _____			



WORK HISTORY									
LIST BELOW ALL EMPLOYERS BEGINNING WITH THE MOST RECENT	TIME EMPLOYED		NATURE OF WORK	STARTING SALARY	SALARY AT LEAVING	REASON FOR LEAVING	IMMEDIATE SUPERVISOR		
	FROM	TO							
A. COMPANY NAME B. ADDRESS AND PHONE NO. WITH AREA CODE	MO	YR	MO	YR					
1. A									
B									
2. A									
B									
3. A									
B									
Indicate by number any of the above employers whom you do not wish us to contact _____									
REFERENCES							PHONE NUMBER		
							() () ()		
							() () ()		
							() () ()		
EDUCATION									
TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE MAJORED IN	CIRCLE LAST YEAR COMPLETED	GRADUATE? GIVE DEGREE	LAST YEAR ATTENDED				
Elementary			5 6 7 8	<input type="checkbox"/> YES <input type="checkbox"/> NO					
High School			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO					
College			1 2 3 4						
Graduate School			1 2 3 4						
Business or Trade School			1 2 3 4						
Corresp. or Night School			1 2 3 4						
<small>HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO IF THE ANSWER IS "YES", GIVE THE NAME OF EMPLOYER, DATE, AND REASON IN EACH CASE.</small>									
CERTIFICATION: I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATION 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/MY EMPLOYMENT WILL BE TERMINATED. YOU ARE HEREBY AUTHORIZED TO MAKE ANY INVESTIGATIONS REGARDING PERSONAL HISTORY.									
SIGNATURE								DATE	

