

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

FOR OFFICE USE ONLY		
☐ NEW EMPL	DYEE	REHIRE
DEPARTMENT	EFFECT	IVE DATE
SALARY	INITIAL	S

				DATE	
NAME				SOCIAL SECUR	ITY NUMBER
ADDRESS	CITY		STAT	E	ZiP
TELEPHONE NUMBER - HOME TELEPHONE NU	MBER - WORK	OTHER MEANS OF CONTACT		<u> </u>	
( )					
TYPE OF POSITION:   FULL-TIME	PART-TIME	SPECIFY DAYS AND HOURS IF PA	ART-TIME		
HAVE YOU EVER BEEN EMPLOYED BY THE ST	TATE OF MISSOURI?	☐ YES	□ NO		
IF YES, LIST DATE(S) AND DEPARTMENT(S)					•
	10		-		
LIST NAME(S) OF RELATIVE(S) EMPLOYED BY THIS DEPARTMEN	NT				
		<u> </u>			
HAVE YOU EVER BEEN CONVICTED OF A FEL	ONY?	☐ YES	□ №		
II 30, EAFLAIN.					
CHECK AREAS OF QUALIFICATIONS/EXPERI	ENCES:				
TYPING SPEED	] ELECTRICAL	I	□ вас	KHOE	
☐ CASHIER/TELLER [	GRAPHICS		□ otr	TRUCK	
☐ COMPUTER SKILLS [	MECHANICAL	I	DUM	IP TRUCK	
☐ SWITCHBOARD [	PAINTING	!	□ wel	DING	
☐ FORKLIFT [	□ вовсат	I	☐ FLO	OR CARE	
☐ PLUMBING [	HYLOADER		□ сна	UFFEURS LI	CENSE
☐ CARPENTRY [	TRACTOR	1	☐ GRA	IN	
FOR STATE FAIR USE ONLY CHECK FIRST AND SECOND PREFERENCES	OF WORK LOCATION	Ĭ			
PARKING JANITO	ORIAL	MAINTENANCE		F00	D SERVICE
GRANDSTAND SECUP	RITY	ADMISSIONS		PUB	LICITY
CLERICAL OTHER	R:				

MO 350-0796 (6-92)

EQUAL OPPORTUNITY EMPLOYER - MINORITY/FEMALE/DISABLED

LIST BELOW	LIST BELOW ALL EMPLOYERS	MPLO	(ED	0.414	H	00410	IMMEDIATE
BEGINNING WITH A. COMPANY NAME	BEGINNING WITH THE MOST RECENT OMPANY NAME	MO YR MO	NATURE OF WORK	SALARY	LEAVING	LEAVING	SUPERVISOR
	AUDRESS AND PHONE NO. WITH AREA CODE						
<b>∵</b> ∢							
В							
<b>&gt;</b> 2.							
В							
რ ∢							
В							
Indicate by number ar	Indicate by number any of the above employers whom you do not wish us to contact	whom you do not	- 1				
REF	REFERENCES		ADDRESS			PHONE NOMBER	OMBER
						( )	
			EDUCATION				
TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	оғ ѕсноог	COURSE MAJORED IN	CIRCLE LAST YEAR COMPLETED		GRADUATE? GIVE DEGREE	LAST YEAR ATTENDED
Elementary				5 6 7 8	□ YES	ON	
High School				1234	□ YES	ON	
College				1234			
Graduate School				1234			
Business or Trade School				1234		į	
Corresp. or Night School				1234			
HAVE YOU EVER BEEN DI: IF THE ANSWER IS "YES",	SCHARGED OR FORCED TO RESI GIVE THE NAME OF EMPLOYER,	IGN FOR MISCONDU	HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY JOB? IF THE ANSWER IS "YES", GIVE THE NAME OF EMPLOYER, DATE, AND REASON IN EACH CASE.	ROM ANY JÖB?	YES NO		
CERTIFICATION: I HEREBY CERTIFY THA TO THE BEST OF MY K MATERIAL FACT, MY AP HISTORY.	AT THIS APPLICATION CONTAIN (NOWLEDGE AND BELIEF. I AN PLICATION WILL BE REJECTED	NS NO WILLFUL MI A AWARE THAT SH J/MY EMPLOYMENT	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.	TIONS AND THAT I ME DISCLOSE ANY HEREBY AUTHORIZE	THE INFORMATION SUCH MISREPRESI ED TO MAKE ANY IN	GIVEN BY ME IS TRI ENTATION OR FALSII IVESTIGATIONS REG	JE AND COMPLETE FICATION AS TO A ARDING PERSONAL
SIGNATURE				DATE			
MO 350-0796 (6-92)			- Colores				





FOR YOUR OWN PROTECTION DURING AN CERTAIN MEDICAL FACTS.	EMERGENCY SITUATION, YOUR SUPERVISOR SHOULD BE INFORMED OF
NAME OF EMPLOYEE	
IN CASE OF EMERGENCY NOTIFY:	
NAME	
ADDRESS	
HOME PHONE NUMBER	WORK PHONE NO.
SHOULD WE BE UNABLE TO CONTACT THE F	IRST CHOICE PLEASE LIST A SECOND CHOICE.
NAME	
ADDRESS	
HOME PHONE NUMBER	WORK PHONE NUMBER
NAME OF PERSONAL PHYSICIAN	
PERSONAL PHYSICIAN'S PHONE NUMBER	
LOCAL HOSPITAL PREFERENCE	
MEDICATIONS THAT SHOULD NOT BE ADMINISTERED TO	YOU
MEDICINES YOU ARE NOW TAKING FOR A LONG TERM CO MADE KNOWN TO EMERGENCY PERSONNEL.	INDITION SUCH AS HEART TROUBLE, HIGH BLOOD PRESSURE OR DIABETES WHICH SHOULD BE
I AGREE TO HAVE THE ABOVE INFORMA	TION USED IN CASE OF AN EMERGENCY.
SIGNED	DATE
110 050 0170 (11 00)	

MO 350-0470 (11-89)