



STATE OF MISSOURI  
DEPARTMENT OF CORRECTIONS  
**APPLICATION FOR EMPLOYMENT**

(AN EQUAL OPPORTUNITY EMPLOYER)

**INSTRUCTIONS: READ CAREFULLY BEFORE PROCEEDING.**

It is essential that the information be accurate as it will be used as a basis for a background investigation to determine your eligibility for employment. **Avoid errors** by reading the directions carefully before making any entries on this form.

1. Your Personal History Statement must be **printed in black ink or typed**. This statement is not applicable if filled electronically.
2. You are responsible for ensuring all information is complete and accurate.
3. An accurate and complete form will help to expedite the background investigation.
4. A resume will be accepted, but not substituted for the application.

**A. APPLICANT INFORMATION – INFORMATION PROVIDED IN THIS SECTION IS USED FOR IDENTIFICATION PURPOSES ONLY**

NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NUMBER	
ADDRESS (STREET, CITY, STATE, ZIP CODE)			
HOME TELEPHONE NUMBER	BUSINESS TELEPHONE NUMBER	ALTERNATE TELEPHONE NUMBER	
LIST OTHER NAMES YOU HAVE BEEN EMPLOYED UNDER			
ARE YOU AUTHORIZED TO WORK IN THE U.S. ON AN UNRESTRICTED BASIS? <input type="checkbox"/> YES <input type="checkbox"/> NO   IF NO, EXPLAIN:		ARE YOU WILLING TO TRAVEL IF POSITION REQUIRES IT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU REQUIRE AN ACCOMMODATION TO COMPLETE THE INTERVIEW AND/OR THE PRE-EMPLOYMENT PROCESS? <input type="checkbox"/> YES <input type="checkbox"/> NO   IF YES EXPLAIN NECESSARY ACCOMMODATION:			

**B. RELATED EMPLOYMENT**

1. HAVE YOU EVER WORKED FOR THE MISSOURI DEPARTMENT OF CORRECTIONS?  
 YES    NO   IF YES, PLEASE COMPLETE

NAME OF LOCATION	DATES EMPLOYED		EMPLOYER ADDRESS/ PHONE NUMBER	REASON FOR LEAVING
	MO/YR	MO/YR		

2. HAVE YOU EVER WORKED FOR ANY OTHER LAW ENFORCEMENT, CORRECTIONAL ORGANIZATION OR SECURITY AGENCY?  
 YES    NO   IF YES, PLEASE COMPLETE

NAME OF AGENCY	DATES EMPLOYED		EMPLOYER ADDRESS/ PHONE NUMBER	REASON FOR LEAVING
	MO/YR	MO/YR		

**C. EDUCATION**

HIGH SCHOOL GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NOT A GRADUATE, DO YOU HAVE AN EQUIVALENCY (GED) CERTIFICATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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**LIST ALL VOCATIONAL SCHOOLS AND COLLEGES/UNIVERSITIES ATTENDED (ATTACH TRANSCRIPTS)**

NAME AND LOCATION	DATES OF ATTENDANCE MO/YR TO MO/YR	HOURS	DEGREE EARNED

LIST ANY CERTIFICATE(S) OR LICENSE(S) RECEIVED

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**D. EMPLOYMENT RECORD**

WERE YOU EVER DISCHARGED OR ASKED TO RESIGN FROM ANY JOB?  
 YES     NO    IF YES, COMPLETE NAME OF EMPLOYER AND CIRCUMSTANCES BELOW.

NAME OF EMPLOYER

EXPLAIN CIRCUMSTANCES

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List **ALL** EMPLOYMENT INFORMATION for the past 10 years. List in order, starting with your most recent employer. There should be no unexplained gaps of employment. Be sure to indicate where each record of experience may be verified. FAILURE TO PROVIDE COMPLETE ADDRESSES AND PHONE NUMBERS WILL DELAY PROCESSING TIME. Attach additional sheets, if necessary.

EMPLOYER NAME AND ADDRESS	FROM (MO/YR)	TO (MO/YR)	POSITION HELD	REASON FOR LEAVING
BUSINESS NAME				
STREET ADDRESS	TELEPHONE NUMBER		DESCRIPTION OF DUTIES	
P.O. BOX	NAME OF SUPERVISOR			
CITY, STATE AND ZIP CODE	TYPE OF BUSINESS			

EMPLOYER NAME AND ADDRESS	FROM (MO/YR)	TO (MO/YR)	POSITION HELD	REASON FOR LEAVING
BUSINESS NAME				
STREET ADDRESS	TELEPHONE NUMBER		DESCRIPTION OF DUTIES	
P.O. BOX	NAME OF SUPERVISOR			
CITY, STATE AND ZIP CODE	TYPE OF BUSINESS			

EMPLOYER NAME AND ADDRESS	FROM (MO/YR)	TO (MO/YR)	POSITION HELD	REASON FOR LEAVING
BUSINESS NAME				
STREET ADDRESS	TELEPHONE NUMBER		DESCRIPTION OF DUTIES	
P.O. BOX	NAME OF SUPERVISOR			
CITY, STATE AND ZIP CODE	TYPE OF BUSINESS			

EMPLOYER NAME AND ADDRESS	FROM (MO/YR)	TO (MO/YR)	POSITION HELD	REASON FOR LEAVING
BUSINESS NAME				
STREET ADDRESS	TELEPHONE NUMBER		DESCRIPTION OF DUTIES	
P.O. BOX	NAME OF SUPERVISOR			
CITY, STATE AND ZIP CODE	TYPE OF BUSINESS			

EMPLOYER NAME AND ADDRESS	FROM (MO/YR)	TO (MO/YR)	POSITION HELD	REASON FOR LEAVING
BUSINESS NAME				
STREET ADDRESS	TELEPHONE NUMBER		DESCRIPTION OF DUTIES	
P.O. BOX	NAME OF SUPERVISOR			
CITY, STATE AND ZIP CODE	TYPE OF BUSINESS			

**E. SPECIAL QUALIFICATIONS**

IN ADDITION TO YOUR WORK HISTORY, WHAT OTHER SKILLS OR QUALIFICATIONS DO YOU HAVE THAT WOULD BENEFIT OUR ORGANIZATION?

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**F. MILITARY RECORD**

If you meet the requirements of Selective Service and have not registered, you cannot be employed with Department of Corrections.

ARE YOU REGISTERED WITH THE U.S. SELECTIVE SERVICE SYSTEM? (MALE AGE 18-25)

REGISTRATION NUMBER

YES  NO  NOT APPLICABLE

HAVE YOU SERVED IN THE U.S. ARMED FORCES? IF YES, YOU MUST SUPPLY A COPY OF YOUR DD 214 (MEMBER COPY 4) WITH THIS APPLICATION AND COMPLETE THE FOLLOWING INFORMATION.

YES  NO

DATES OF SERVICE

BRANCH OF SERVICE

CURRENT/HIGHEST RANK HELD

TYPE OF DISCHARGE

FROM TO

WERE YOU EVER DISCIPLINED WHILE IN THE MILITARY SERVICE (INCLUDE COURT-MARTIAL, CAPTAIN'S MAST, COMPANY PUNISHMENT, ETC.)?

YES  NO  NOT APPLICABLE

CHARGE	MILITARY BRANCH	DATE	DISPOSITION

**G. CRIMINAL HISTORY**

HAVE YOU EVER PLED GUILTY OR BEEN FOUND GUILTY OF A FELONY? (INCLUDING CHARGES FOR WHICH YOU RECEIVED A SUSPENDED IMPOSITION OF SENTENCE, REDUCED SENTENCE, OR A MILITARY VIOLATION)

YES  NO IF YES, COMPLETE THE FOLLOWING

DATE	CHARGE	POLICE AGENCY, CITY & STATE	DISPOSITION OF CASE

HAVE YOU EVER PLED GUILTY OR BEEN FOUND GUILTY OF A MISDEMEANOR? (INCLUDING CHARGES FOR WHICH YOU RECEIVED A SUSPENDED IMPOSITION OF SENTENCE, REDUCED SENTENCE, OR A MILITARY VIOLATION)

YES  NO IF YES, COMPLETE THE FOLLOWING

DATE	CHARGE	POLICE AGENCY, CITY & STATE	DISPOSITION OF CASE

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR CRIME OF DOMESTIC VIOLENCE?

YES  NO IF YES, COMPLETE THE FOLLOWING.

DATE	CHARGE	POLICE AGENCY, CITY & STATE	DISPOSITION OF CASE

HAVE YOU EVER PLED GUILTY OR BEEN FOUND GUILTY OF ANY ALCOHOL/DRUG RELATED TRAFFIC OFFENSE, OR HAD CHARGES REDUCED IN RELATION TO AN ALCOHOL/DRUG RELATED TRAFFIC OFFENSE? (INCLUDE CHARGES FOR WHICH YOU RECEIVED A SUSPENDED IMPOSITION OF SENTENCE )

YES  NO IF YES, COMPLETE THE FOLLOWING.

DATE	CHARGE	POLICE AGENCY, CITY & STATE	DISPOSITION OF CASE

DO YOU HAVE CURRENT PENDING CHARGES (OTHER THAN TRAFFIC VIOLATIONS NOT INVOLVING ALCOHOL OR DRUGS)?

YES  NO IF YES, COMPLETE THE FOLLOWING.

DATE	CHARGE	POLICE AGENCY, CITY & STATE	DISPOSITION OF CASE

ARE YOU PRESENTLY ON ANY FORM OF PROBATION FOR A CRIMINAL OFFENSE?  
 YES     NO    IF YES, EXPLAIN.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DO YOU HAVE RELATIVES NOW WORKING FOR THE MISSOURI DEPARTMENT OF CORRECTIONS (RELATIVES DEFINED AS SPOUSE, PARENTS, CHILDREN, GRANDPARENTS, GRANDCHILDREN, SIBLINGS, FIRST COUSINS, IN-LAWS, AUNTS, UNCLAS, NEPHEWS AND NIECES - TO INCLUDE ALL BLOOD, STEP AND FOSTER RELATIONSHIPS)?  
 YES     NO

NAME	RELATIONSHIP	PLACE OF WORK

DO YOU HAVE ANY RELATIVES OR FRIENDS INCARCERATED IN A MISSOURI CORRECTIONAL FACILITY OR SUPERVISED BY PROBATION AND PAROLE?  
 YES     NO

NAME	RELATIONSHIP	INSTITUTION/ P&P LOCATION	IF OFFENDER IS INCARCERATED, ARE YOU CURRENTLY ON THE INSTITUTIONAL VISITING LIST?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

**By signing below I understand and agree to the following:**

- Pursuant to § 105.262 RSMo, a condition of continued employment with the state of Missouri is that employees file all state income tax returns and pay all state income taxes owed yearly. I understand that I must be in compliance with this law once offered a conditional appointment.
- I am willing to submit to a pre-employment drug test.
- I am willing to submit to a random drug test if required of my position.
- I have registered with the Selective Service (male age 18-25).
- I am willing to work any shift, any assignment, with any days off, if required by my position.
- I am willing to work beyond my normally scheduled shift and work more than 40 hours in a workweek when such work is deemed necessary for my position. I understand that I might be disciplined if I refuse to work as directed.
- The department provides compensatory time off instead of cash payment for overtime worked by employees in certain positions.
- I am willing to travel, if the position requires it.
- I agree to comply with all Department Policies and Procedures.
- I agree to comply with Departmental Procedure D2-7.8 Tuberculosis Testing for Staff, including tuberculin skin testing.
- If required of my position, I am willing to use force (including deadly force) to prevent escape or avoid injury to an offender or staff member.

I certify that the information contained in this application is correct to the best of my knowledge and I understand that falsification of this information is grounds for disqualification from the selection process or dismissal from employment. I authorize investigation of all statements contained in this application and hereby give the Department of Corrections permission to contact any party that may have information about my work record, educational history, military record, and any criminal record. I hereby waive any rights to review any information. This waiver of access includes all information the Department obtains throughout the application and selection process.

**Authorization to Release Information and Release from Liability**

I, the undersigned, hereby authorize the past or present employer, educational institution, military office or criminal records office contacted to release to the Department of Corrections **any and all** information contained in my:

- Work Record; such as attendance, performance, discipline and rehire eligibility;
- School Record;
- Military Record;
- Criminal Record;
- Other records needed by the hiring authority; including all information of a confidential or privileged nature and copies of same, if available.

This information is to be used for the purpose of conducting a background investigation for confidential use by the Department of Corrections. I understand all information obtained with this release is of a confidential nature and will not be released to me.

I hereby release you and your organization from liability or damage, which may result from furnishing the information requested above. Copies of this document carry the same authority as the original document and will remain in effect for one year from date of signature.

PRINT NAME (FIRST, MIDDLE, LAST)	SOCIAL SECURITY NUMBER
SIGNATURE	DATE