



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
APPLICATION FOR EMPLOYMENT
(EQUAL OPPORTUNITY EMPLOYER)

NAME (LAST, FIRST, MI):

LAST 4 DIGITS
OF SSN:

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. This application 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.
5. You must complete Appendix 1 and return it with the completed DOC Application for Employment.

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

NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NUMBER (LAST 4 DIGITS)	
ADDRESS (STREET, CITY, STATE, ZIP CODE)			
HOME TELEPHONE NUMBER	BUSINESS TELEPHONE NUMBER	ALTERNATE TELEPHONE NUMBER	
LIST OTHER NAMES YOU MAY HAVE BEEN EMPLOYED UNDER			
ARE YOU AUTHORIZED TO WORK IN THE U.S. ON AN UNRESTRICTED BASIS?		ARE YOU WILLING TO TRAVEL IF POSITION REQUIRES IT?	
<input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU REQUIRE AN ACCOMMODATION TO COMPLETE THE INTERVIEW AND/OR THE PRE-EMPLOYMENT PROCESS?		POSITION APPLYING FOR	
<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 BELOW:

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 BELOW:

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

C. EDUCATION

HIGH SCHOOL GRADUATE?	IF NOT A GRADUATE, DO YOU HAVE AN EQUIVALENCY (GED) CERTIFICATE?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

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	EMPLOYER ADDRESS	EMPLOYER TELEPHONE NUMBER
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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				
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P.O. BOX	NAME OF SUPERVISOR			
CITY, STATE AND ZIP CODE	TYPE OF BUSINESS			



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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?

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)

YES NO NOT APPLICABLE

REGISTRATION NUMBER

HAVE YOU SERVED IN THE U.S. ARMED FORCES? IF YES, YOU MUST SUPPLY A COPY OF YOUR DD214 (MEMBER COPY 4) WITH THIS APPLICATION AND COMPLETE THE FOLLOWING INFORMATION.

YES NO NOT APPLICABLE

DATES OF SERVICE	BRANCH OF SERVICE	CURRENT/HIGHEST RANK HELD	TYPE OF DISCHARGE
FROM	TO		

DO YOU HAVE RELATIVES NOW WORKING FOR THE MISSOURI DEPARTMENT OF CORRECTIONS (RELATIVES DEFINED AS SPOUSE, PARENT, CHILDREN, GRANDPARENTS, GRANDCHILDREN, SIBLINGS, FIRST COUSINS, IN-LAWS, AUNT, UNCLES, NEPHEWS, 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	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



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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 Department Procedure D2-7.8 Tuberculosis Testing for Staff, including Tuberculin skin testing.
- | If required by 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 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)

FULL SOCIAL SECURITY NUMBER

SIGNATURE

DATE



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Effective August 2013, the Department of Corrections must be in compliance with the final standards implementing the Prison Rape Elimination Act (PREA), issued by the U.S. Department of Justice. The following questions are being asked of all applicants who may have contact with offenders as part of their regular job or volunteer duties.

(1) Have you previously or do you currently work in or volunteer for a prison, jail, lockup, community treatment center, halfway house, restitution center, mental health facility, alcohol or drug rehabilitation center, juvenile facility or other correctional facility (public or private)?

YES NO If you checked the box marked "YES", please complete the following:

a. Please identify each facility as indicated below (attach additional pages if you have multiple employers):

FACILITY #1	NAME	
	ADDRESS	
	PHONE NUMBER	CONTACT PERSON
FACILITY #2	NAME	
	ADDRESS	
	PHONE NUMBER	CONTACT PERSON
FACILITY #3	NAME	
	ADDRESS	
	PHONE NUMBER	CONTACT PERSON
FACILITY #4	NAME	
	ADDRESS	
	PHONE NUMBER	CONTACT PERSON
FACILITY #5	NAME	
	ADDRESS	
	PHONE NUMBER	CONTACT PERSON

b. While working or volunteering at this facility, were you terminated or otherwise disciplined or counseled for sexual contact with or sexual harassment of an inmate, detainee or resident of the facility?

YES NO If you checked the box marked "YES", please explain below:



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(2) **CRIMINAL CHARGES:** Have you pled guilty to or been found guilty of engaging in sexual activity or attempted sexual activity involving force or inflicted upon a person unable to consent? This includes, but is not limited to, suspended imposition of sentence (SIS) or the following crimes:

- | Forcible Rape (or attempted forcible rape)
- | Statutory rape (or attempted statutory rape)
- | Sexual Assault
- | Forcible sodomy (or attempted forcible sodomy)
- | Statutory sodomy (or attempted statutory sodomy)
- | Child molestation
- | Deviate sexual assault
- | Sexual misconduct involving a child
- | Sexual contact with a student
- | Sexual misconduct
- | Sexual abuse
- | Sexual contact with a prisoner or offender

YES NO If you checked the box marked "YES", please explain below:

(3) **CIVIL/ADMINISTRATIVE CASES:** Have you been found to have engaged in sexual activity or attempted sexual activity involving force or inflicted upon a person unable to consent, by a civil or administrative body? This includes any actions taken upon a professional license or a professional registry and any internal administrative investigation results.

YES NO If you checked the box marked "YES", please explain below:

I certify the information contained in this appendix 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.

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