STATE OF MISSOURI DEPARTMENT OF CORRECTIONS

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|  | **NAME (LAST, FIRST, MI):** | **LAST 4 DIGITS OF SSN:** |
| **A. POSITION APPLYING FOR** |
| JOB POSTING ID # | JOB TITLE |
| LOCATION OF POSITION |
| **INSTRUCTIONS - READ CAREFULLY BEFORE PROCEEDING**It is essential the information provided is accurate as it will be used as a basis for a background investigation to determine eligibility for employment. Avoid errors by reading the directions carefully before making any entries on this form. This application must be printed in black ink or typed. Ensure all information is complete and accurate. A resume will be accepted, but not substituted for the application. |
| **B. APPLICANT INFORMATION (*INFORMATION PROVIDED IN THIS SECTION IS USED FOR IDENTIFICATION PURPOSES ONLY*)** |
| NAME (LAST, FIRST, MIDDLE) | ARE YOU WILLING TO TRAVEL IF THE POSITION REQUIRES IT? YES  NO |
| ADDRESS | CITY | STATE | ZIP CODE |
| EMAIL ADDRESS | PRIMARY PHONE NUMBER FOR CONTACT | SECONDARY PHONE NUMBER FOR CONTACT |
| LIST OTHER NAMES YOU MAY HAVE BEEN EMPLOYED UNDER |
| ARE YOU AUTHORIZED TO WORK IN THE U.S, ON AN UNRESTRICTED BASIS?  YES  NO IF NO, EXPLAIN BELOW. |
| DO YOU REQUIRE AN ACCOMMODATION TO COMPLETE THE INTERVIEW PROCESS?  YES  NO IF YES, EXPLAIN BELOW. |
| **C. RELATED EMPLOYMENT** |
| Effective August 2013, the Department of Corrections must be in compliance with the 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.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 YES, complete below listing all facilities where you worked. Attach additional pages if necessary. |
| **FACIILTY NAME AND NAME OF CONTACT PERSON** | **BEGIN EMPLOYMENT DATE** | **END EMPLOYMENT DATE** | **EMPLOYER ADDRESS AND PHONE NUMBER** | **REASON FOR LEAVING** |
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**APPLICATION FOR EMPLOYMENT**

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|  | **NAME (LAST, FIRST, MI):** | **LAST 4 DIGITS OF SSN:** |
| While working or volunteering at this facility, were you terminated or otherwise disciplined or counseled for sexual contact with or sexual harassment of an offender, detainee or resident of the facility? YES  NO If YES, please explain below.**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 CONDUCT WITH A STUDENT \* SEXUAL MISCONDUCT
* SEXUAL CONTACT WITH A PRISONER OR OFFENDER \* SEXUAL ABUSE

 YES  NO If YES, please explain below.**CIVIL OR 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 investigation results. YES  NO If YES, please explain below.HAVE YOU EVER WORKED FOR ANY OTHER LAW ENFORCEMENT, CORRECTIONAL ORGANIZATION OR SECURITY AGENCY?  YES  NO IF YES, COMPLETE BELOW. |
| **EMPLOYER NAME** | **BEGIN EMPLOYMENT DATE** | **END EMPLOYMENT DATE** | **EMPLOYER ADDRESS AND PHONE NUMBER** | **REASON FOR LEAVING** |
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| **D. EDUCATION** |
| HIGH SCHOOL GRADUATE OR CERTIFICATE?  YES  NO**LIST ALL VOCATIONAL SCHOOLS AND COLLEGES OR UNIVERSITIES ATTENDED (ATTACH TRANSCRIPTS)** |
| **NAME AND LOCATION** | **BEGIN DATE (MO/YR)** | **END DATE (MO/YR)** | **HOURS** | **DEGREE EARNED****(include any certificates or license(s) received)** |
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| HAVE YOU RECEIVED ANY CERTIFICATE(S) OR LICENSE(S)? | YES | NO | IF YES, LIST BELOW. |  |



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|  | **NAME (LAST, FIRST, MI):** | **LAST 4 DIGITS OF SSN:** |
| **E. EMPLOYMENT RECORD** |
| WERE YOU EVER DISCHARGED OR ASKED TO RESIGN FROM ANY JOB?  YES  NO IF YES, PLEASE COMPLETE BELOW. |
| **EMPLOYER NAME** | **EMPLOYER PHONE NUMBER** | **EMPLOYER ADDRESS** | **EXPLAIN CIRCUMSTANCES** |
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| **EMPLOYERS:**Starting with your most recent employer, list in order **ALL EMPLOYMENT INFORMATION** for the past 10 years. **INCLUDE EXPERIENCE RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING**, even if it occurred more than 10 years ago. There should be no unexplained gaps of employment. Indicate where each record of experience may be verified. **FAILURE TO PROVIDE COMPLETE ADDRESS AND PHONE NUMBERS WILL DELAY PROCESSING TIME**. Attach additional pages if necessary. |
| EMPLOYER'S NAME | TYPE OF BUSINESS |
| STREET ADDRESS |
| CITY | STATE | ZIP CODE | FROM (MO/YR) | TO (MO/YR) | AVERAGE HOURS WORKED PER WEEK |
| POSITION HELD | SUPERVISOR'S NAME | PHONE NUMBER |
| DESCRIPTION OF DUTIES |
| REASON FOR LEAVING |
| EMPLOYER'S NAME | TYPE OF BUSINESS |
| STREET ADDRESS |
| CITY | STATE | ZIP CODE | FROM (MO/YR) | TO (MO/YR) | AVERAGE HOURS WORKED PER WEEK |
| POSITION HELD | SUPERVISOR'S NAME | PHONE NUMBER |
| DESCRIPTION OF DUTIES |
| REASON FOR LEAVING |

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|  | **NAME (LAST, FIRST, MI):** | **LAST 4 DIGITS OF SSN:** |
| EMPLOYER'S NAME | TYPE OF BUSINESS |
| STREET ADDRESS |
| CITY | STATE | ZIP CODE | FROM (MO/YR) | TO (MO/YR) | AVERAGE HOURS WORKED PER WEEK |
| POSITION HELD | SUPERVISOR'S NAME | PHONE NUMBER |
| DESCRIPTION OF DUTIES |
| REASON FOR LEAVING |
| EMPLOYER'S NAME | TYPE OF BUSINESS |
| STREET ADDRESS |
| CITY | STATE | ZIP CODE | FROM (MO/YR) | TO (MO/YR) | AVERAGE HOURS WORKED PER WEEK |
| POSITION HELD | SUPERVISOR'S NAME | PHONE NUMBER |
| DESCRIPTION OF DUTIES |
| REASON FOR LEAVING |
| EMPLOYER'S NAME | TYPE OF BUSINESS |
| STREET ADDRESS |
| CITY | STATE | ZIP CODE | FROM (MO/YR) | TO (MO/YR) | AVERAGE HOURS WORKED PER WEEK |
| POSITION HELD | SUPERVISOR'S NAME | PHONE NUMBER |
| DESCRIPTION OF DUTIES |
| REASON FOR LEAVING |

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|  | **NAME (LAST, FIRST, MI):** | **LAST 4 DIGITS OF SSN:** |
| **F. SPECIAL QUALIFICATIONS** |
| IN ADDITION TO YOUR WORK HISTORY, WHAT OTHER SKILLS OR QUALIFICATIONS DO YOU HAVE THAT WOULD BENEFIT OUR ORGANIZATION? |
| **G. MILITARY RECORD** |
| IF YOU MEET THE REQUIREMENTS OF THE SELECTIVE SERVICE AND HAVE NOT REGISTERED, YOU CANNOT BE EMPLOYED WITH THE DEPARTMENT OF CORRECTIONS. ARE YOU REGISTERED WITH THE U.S. SELECTIVE SERVICE SYSTEM (AGE 18-25)?  YES NO  NOT APPLICABLE IF YES, 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 FOLLOWINGINFORMATION.  YES  NO NOT APPLICABLE IF YES, COMPLETE BELOW. |
| DATES OF SERVICEFROM: TO: | BRANCH OF SERVICE | CURRENT / HIGHEST RANK HELD | TYPE OF DISCHARGE |
| **H. VETERAN'S OR PARENTAL PREFERENCE** |
|  I AM CLAIMING VETERAN'S PREFERENCE  I AM CLAIMING PARENTAL PREFERENCEIF YOU ARE A VETERAN, INCLUDE A COPY OF YOUR DD214 or NGB 22. YOU MAY ALSO CLAIM A PREFERENCE IF YOU ARE A SURVIVING SPOUSE OF A VETERAN.IN ORDER TO QUALIFY FOR PARENTAL PREFERENCE YOU MUST HAVE LEFT THE STATE WORKFORCE TO CARE FOR YOUNG CHILDREN AND BEEN A FULL-TIME HOMEMAKER AND CARETAKER OF CHILDREN UNDER THE AGE OF 10 AND WERE NOT OTHERWISE GAINFULLY EMPLOYED FOR A PERIOD OF AT LEAST 2 YEARS. |
| **I. RELATIVES WITHIN DEPARTMENT OF CORRECTIONS** |
| DO YOU HAVE RELATIVES NOW WORKING FOR THE MISSOURI DEPARTMENT OF CORRECTIONS (RELATIVES ARE DEFINED AS: SPOUSE, PARENT, CHILDREN, GRANDPARENTS, GRANDCHILDREN, SIBLINGS, FIRST COUSINS, IN-LAWS, AUNT, UNCLE, NEPHEW, NIECE - THIS INCLUDES ALL BLOOD, STEP AND FOSTER RELATIONSHIPS)?YES  NO IF YES, PLEASE COMPLETE BELOW. |
| **NAME** | **RELATIONSHIP** | **PLACE OF WORK** |
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| DO YOU HAVE RELATIVES OR FRIENDS INCARCERATED IN A MISSOURI DEPARTMENT OF CORRECTIONS FACILITY OR SUPERVISED BY PROBATION AND PAROLE?  YES  NO IF YES, PLEASE COMPLETE BELOW. |
| **NAME** | **RELATIONSHIP** | **FACILITY** | **DO YOU HAVE ANY CONTACT WITH THE OFFENDER?** |
|  |  |  |  YES  NO |
|  |  |  |  YES  NO |
|  |  |  |  YES  NO |

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|  | **NAME (LAST, FIRST, MI):** | **LAST 4 DIGITS OF SSN:** |
| **J. ACKNOWLEDGEMENT** |
| **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 (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 work week 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 when necessary (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. |
| SIGNATURE | DATE | FULL SOCIAL SECURITY NUMBER |