



MISSOURI DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS
AND PROFESSIONAL REGISTRATION

APPLICATION FOR EMPLOYMENT

"AN EQUAL OPPORTUNITY EMPLOYER"

www.difp.mo.gov

PLEASE TYPE OR PRINT IN INK. YOUR APPLICATION MUST BE COMPLETED IN ITS ENTIRETY.

IDENTIFICATION					
NAME (LAST, FIRST, MIDDLE)			SOCIAL SECURITY NUMBER		
PRESENT MAILING ADDRESS (STREET AND NUMBER OR RFD)			HOME TELEPHONE NUMBER		OTHER TELEPHONE NUMBER
CITY	STATE	ZIP CODE	E-MAIL ADDRESS		
OTHER NAMES USED			ARE YOU AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		

POSITIONS (JOB TITLES) FOR WHICH YOU ARE APPLYING	
Some examples of job titles are Corrections Officer I, Account Clerk II, and Park Ranger. Applications without job titles will be returned.	
a	
b	
c	
d	
e	

AVAILABILITY	
Check one or more of the following. NOTE: Temporary positions may not exceed 6-months employment in a 12-month period.	
<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SUMMER

CRIMINAL BACKGROUND	
HAVE YOU EVER BEEN CONVICTED OF A CRIME (OTHER THAN TRAFFIC VIOLATIONS)?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
Conviction of a violation of the law is not an automatic bar to employment. The State of Missouri, for employment purposes, regards the suspended execution of a sentence as a conviction.	

EDUCATION (IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL PAGES.)	
HIGH SCHOOL OR GENERAL EDUCATION DEVELOPMENT (GED)	
HAVE YOU EARNED A HIGH SCHOOL DIPLOMA OR G.E.D. CERTIFICATE?	CIRCLE HIGHEST GRADE COMPLETED
<input type="checkbox"/> YES <input type="checkbox"/> NO	1 2 3 4 5 6 7 8 9 10 11 12

HIGH SCHOOL COURSE RECORD: Indicate number of years of specialized high school courses completed.			
Biology _____	Computer Applications _____	Industrial Arts/Shop _____	Recreation/Physical Ed _____
Bookkeeping _____	Arts and Crafts _____	Music _____	Stenography _____
Chemistry/Physics _____	Home Economics _____	Organized Athletics _____	Typing/Keyboarding _____

VOCATIONAL, TECHNICAL, MILITARY, OR TRADE SCHOOL						
NAME AND LOCATION	CREDITS EARNED		TRAINING AREA	CERTIFICATE TYPE	DATE RECEIVED	
	CLOCK HOURS	OTHER (Specify Type)			MO	YEAR

COLLEGE EDUCATION: COPY OF OFFICIAL TRANSCRIPTS MUST BE ATTACHED						
NAME AND LOCATION	CREDITS EARNED		MAJOR/MINOR	DEGREE TYPE	DATE RECEIVED	
	QUARTER HOURS	SEMESTER HOURS			MO	YEAR

INTERNSHIPS AND/OR PRACTICUMS

SPONSORING COLLEGE, UNIVERSITY OR BUSINESS	OCCUPATIONAL AREA/FIELD OF INTERNSHIP OR PRACTICUM	DATES FROM/TO	HOURS PER WEEK	TOTAL WEEKS	COLLEGE CREDIT	PAID
					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

CERTIFICATES/LICENSES: COPY OF CERTIFICATE/LICENSE MUST BE ATTACHED

If you are currently certified, registered, or licensed to practice a profession or occupation, provide the following:

LICENSE/CERTIFICATE ISSUED BY	FIELD/TRADE/ SPECIALIZATION	LICENSE/CERTIFICATE NUMBER	DATE OF ISSUE	EXPIRATION DATE

EXPERIENCE RECORD (PAID AND VOLUNTEER)

- List your work experience, starting with the most recent. If you have held more than one job or position level (including promotions) with the same organization or state agency, list each separately. The information you provide in the "Duties" section is used to determine your qualifications. Incomplete descriptions will impact eligibility determinations and ratings. You must show the percent of time spent for each job duty.
- To describe additional experience or add more detail to the "Duties" section, complete and attach a sheet of paper using the same format as used here and identify the job to which it relates. A RESUME **MAY NOT** BE SUBSTITUTED FOR INFORMATION REQUESTED BELOW.

EMPLOYER'S NAME		%	DUTIES (Show % of time spent on each duty in column at left.)
EMPLOYER'S ADDRESS (STREET, CITY AND STATE)			
TYPE OF BUSINESS	YOUR JOB TITLE		
FROM: MO/YR	TO: MO/YR		
HOURS PER WEEK	LAST MO. SALARY		
SUPERVISOR'S NAME AND TITLE	TELEPHONE		
REASON FOR LEAVING	TOTAL 100%	IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE THE NUMBER AND TYPE OF WORK PERFORMED	
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO			

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FROM: MO/YR	TO: MO/YR		
HOURS PER WEEK	LAST MO. SALARY		
SUPERVISOR'S NAME AND TITLE	TELEPHONE		
REASON FOR LEAVING	TOTAL 100%	IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE THE NUMBER AND TYPE OF WORK PERFORMED	
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EXPERIENCE RECORD (CONTINUED)			
EMPLOYER'S NAME		%	DUTIES (Show % of time spent on each duty in column at left.)
EMPLOYER'S ADDRESS (STREET, CITY AND STATE)			
TYPE OF BUSINESS	YOUR JOB TITLE		
FROM: MO/YR	TO: MO/YR		
HOURS PER WEEK	LAST MO. SALARY		
SUPERVISOR'S NAME AND TITLE		TELEPHONE	
REASON FOR LEAVING		TOTAL 100%	IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE THE NUMBER AND TYPE OF WORK PERFORMED
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SKILLS

WHAT TOOLS, EQUIPMENT AND/OR SOFTWARE CAN YOU USE PROFICIENTLY?

APPLICANT CERTIFICATION AND AUTHORIZATION

- I hereby certify that this application contains no known 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 an investigation at any time disclose any such misrepresentation or falsification as to a material fact, my application will be rejected or if selected, I may be dismissed.
- I authorize any law enforcement agency, or the Department of Revenue or other motor vehicle regulatory agency to allow any authorized representative of the State of Missouri to examine, copy or receive any records pertaining to me regarding convictions or driving record. I authorize the Department of Revenue to verify compliance with 105.262 RSMo at the request of an authorized representative of the State of Missouri.
- By authorizing the above, I agree to hold harmless any individual, partnership, corporation, educational institution, or agency, its officers, agents and employees from any liability for any damage whatsoever for issuing such information.

SIGNATURE

DATE

RETURN TO

MISSOURI DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS
AND PROFESSIONAL REGISTRATION
ROOM 530 TRUMAN BUILDING
P.O. Box 690
Jefferson City, MO 65102-0690
E-mail Address: jobs@insurance.mo.gov
Telephone: (573) 751-6798
FAX: (573) 522-1808
Web Address: www.difp.mo.gov