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| **DATE:** Click here to enter a date. |

Missouri Department of Conservation

**Application for Hourly Employment**

**To Apply:**

For Hourly Positions: Submit this application to the MDC Office where the position is located.

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| ONE APPLICATION PER PERSON | | | |
| **LAST NAME**  Click here to enter text. | **FIRST NAME**  Click here to enter text. | | **MIDDLE NAME/INITIAL**  Click here to enter text. |
| **STREET ADDRESS**  Click here to enter text. | **CITY**  Click here to enter text. | **STATE**  Click here to enter text. | **ZIP CODE**  Click here to enter text. |
| **PRIMARY PHONE NUMBER**  Click here to enter text. | **SECONDARY PHONE NUMBER**  Click here to enter text. | **EMAIL ADDRESS**  Click here to enter text. | |
| **ARE YOU LAWFULLY AUTHORIZED TO WORK IN THE UNITED STATES?** | | | |
|  | | | |
| **When can you begin work?** Click here to enter a date.  **Will you accept employment anywhere in Missouri?**    **IF NO, LIST COUNTIES PREFERRED** Click here to enter text. | | | |
| **POSITION(S) APPLIED FOR: TYPE OF POSITION HOURLY**  **SEASONAL**  **PLEASE INCLUDE JOB TITLE AND LOCATION**  1. Click here to enter text.  2. Click here to enter text.  3. Click here to enter text.  4. Click here to enter text. | | | |
| **CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION(S) FOR WHICH YOU HAVE APPLIED, WITH OR WITHOUT REASONABLE ACCOMMODATION?**    **EQUAL OPPORTUNITY EMPLOYER** | | | |

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| EMPLOYMENT  RECORD | In the space furnished below, give a record of every position held. START WITH YOUR PRESENT POSITION AND WORK BACK. Account for all periods of unemployment. Describe your duties and responsibilities in full detail. Include any military or volunteer service. Attach additional pages if needed. | | | |
| **Dates of Employment**  **(Begin with most recent)** | | **Employer’s Name and Address** | **Position Held**  **and Supervisor** | **Salary** |
| **Date Employed**  Click here to enter a date.  **Date Separated**  Click here to enter a date. | | **Employer Name and Address**  Click here to enter text.  **City, State, Zip Code**  Click here to enter text. | **Position Held**  Click here to enter text.  **Supervisor Phone Number**  Click here to enter text. | **Starting**  Click here to enter text.  **Ending**  Click here to enter text. |
| **Describe Your Duties in Detail (If supervisory experience, give number of employees supervised)**  Click here to enter text.  **Reason For Leaving** Click here to enter text. | | | | |
| **Date Employed**  Click here to enter a date.  **Date Separated**  Click here to enter a date. | | **Employer Name and Address**  Click here to enter text.  **City, State, Zip Code**  Click here to enter text. | **Position Held**  Click here to enter text.  **Supervisor Phone Number**  Click here to enter text. | **Starting**  Click here to enter text.  **Ending**  Click here to enter text. |
| **Describe Your Duties in Detail (If supervisory experience, give number of employees supervised)**  Click here to enter text.  **Reason For Leaving**  Click here to enter text. | | | | |
| **Date Employed**  Click here to enter a date.  **Date Separated**  Click here to enter a date. | | **Employer Name and Address**  Click here to enter text.  **City, State, Zip Code**  Click here to enter text. | **Position Held**  Click here to enter text.  **Supervisor Phone Number**  Click here to enter text. | **Starting**  Click here to enter text.  **Ending**  Click here to enter text. |
| **Describe Your Duties in Detail (If supervisory experience, give number of employees supervised)**  Click here to enter text.  **Reason For Leaving** Click here to enter text. | | | | |
| **Date Employed**  Click here to enter a date.  **Date Separated**  Click here to enter a date. | | **Employer Name and Address**  Click here to enter text.  **City, State, Zip Code**  Click here to enter text. | **Position Held**  Click here to enter text.  **Supervisor Phone Number**  Click here to enter text. | **Starting**  Click here to enter text.  **Ending**  Click here to enter text. |
| **Describe Your Duties in Detail (If supervisory experience, give number of employees supervised)**  Click here to enter text.  **Reason For Leaving** Click here to enter text. | | | | |

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| **May we contact your present employer?** **Note:** We may contact previous employers. |
| **List any other names you have been known by** Click here to enter text. |
| **What office equipment can you operate efficiently? Please list** Click here to enter text. |
| **List software with which you are proficient** Click here to enter text. |
| **What heavy commercial, industrial or farm equipment can you operate proficiently?**  **Please list** Click here to enter text. |
| **Operator’s license number** Click here to enter text. **State** Click here to enter text. **Class** Click here to enter text.  **Expires** Click here to enter text. |
| **Do you have any relatives employed by the Missouri Department of Conservation?**  **If yes, please list them.**    **Name and Relationship** Click here to enter text.  **Name and Relationship** Click here to enter text. |
| **EDUCATION RECORD** |
| **Did you graduate from high school or obtain a G.E.D./HiSET?** |
| **High School, Trade, Business, or Vocational School** Click here to enter text. |
| **City** Click here to enter text. **State** Click here to enter text. **Field of Study** Click here to enter text. |
| **College and Universities – Undergraduate and Graduate** |

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| **NAME AND LOCATION** | **GRADE AVERAGE** | **TOTAL**  **HOURS** | **MAJOR** | **DEGREE**  **PROGRAM** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| **OTHER QUALIFICATIONS** |
| **List other qualifications you possess which you want considered** Click here to enter text. |

**APPLICATION CERTIFICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION:** I hereby certify that all the information made on or in connection with this application is true and complete to the best of my knowledge and I have not knowingly withheld any fact or circumstance. I understand that if any of the statements made by me on this application are false or if a contact with my former employers reveals that I would make an unsatisfactory employee, this will be sufficient grounds for rejection of my application or removal from employment. I hereby authorize my previous employer or any educational institutions I have attended to release to the Missouri Department of Conservation any information they may have regarding my character, academic record or employment history, whether on record or not. I also authorize any law enforcement agency, or the Department of Revenue or other motor vehicle regulatory agency to allow any representative of the Missouri Department of Conservation to examine copy or receive any records pertaining to me regarding convictions or driving record. 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** Click here to enter a date.

This application may be recertified for up to 5 years from original date of submission. After 5 years, a new application will be required. To recertify this application, the applicant must initial and date below:

**Initials Date**

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The Department of Conservation will hire only United States citizens and aliens authorized to work in the United States. All new employees will be required to complete an Employment Eligibility Verification form and produce requested documentation at the time of employment. The Department is an Equal Opportunity Employer.

(8/22/2016, all previous application forms obsolete)