

ATTACHED ARE FIVE FORMS

Application for Employment - Completion is required.

Equal Employment Data - Completion is optional

Authorization to Release Information - regarding employment, educational, military, references, and medical (after conditional offer). Completion is required.

Authorization to Obtain Financial Information - allows financial status and credit history to be considered for employment. Completion is required.

Authorization to Release Confidential Information (compliance with Section 105.262, RSMo) - allows employers to check filing and payment verification on Missouri state taxes as required by State law.

**PLEASE COMPLETE AND SIGN  
ALL REQUIRED FORMS**



# MISSOURI STATE HIGHWAY PATROL APPLICATION FOR EMPLOYMENT

**INSTRUCTIONS: PRINT LEGIBLY**

Fill in appropriate spaces and mark an X in boxes. If you need additional space, use "Supplemental Information" on last page, or attach additional sheets of paper and identify entries by number. Failure to complete ALL sections of this application will disqualify you from further consideration.

FOR HRD USE ONLY — DATE RECEIVED

**1. IDENTIFICATION & PERSONAL DATA**

LAST NAME	FIRST	MIDDLE INITIAL	JR / SR	SOCIAL SECURITY NUMBER
STREET ADDRESS			CITY, STATE, ZIP CODE	
E-MAIL ADDRESS				
HOME TELEPHONE NUMBER	BUSINESS TELEPHONE NUMBER	ALTERNATE TELEPHONE NUMBER	DATE OF BIRTH (MO/DAY/YEAR)	

WILL YOU ACCEPT EMPLOYMENT ANYWHERE IN MISSOURI?  YES  NO IF NO, STATE THE LOCATION PREFERRED.

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A TRAFFIC VIOLATION?  YES  NO IF YES, EXPLAIN.

IS ANY ADDITIONAL INFORMATION RELATIVE TO CHANGE OF NAME OR MAIDEN NAME NECESSARY TO ENSURE A CHECK ON YOUR WORK AND EDUCATIONAL RECORD?  YES  NO IF YES, EXPLAIN (INCLUDE DATES AND LIST ALL PREVIOUS NAMES YOU HAVE USED).

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U. S.?  YES  NO IF NO, DO YOU HAVE A WORK PERMIT?  YES  NO

DATE AVAILABLE FOR EMPLOYMENT WHAT IS YOUR SALARY REQUIREMENT? \$  hourly  monthly  annually

DO YOU REQUIRE ANY SPECIAL ACCOMMODATIONS IN THE SCHEDULING OR ADMINISTRATION OF EXAMINATIONS OR INTERVIEWS?  YES  NO IF YES, EXPLAIN.

**2. TYPE OF POSITION**

FULL TIME  PART TIME  TEMPORARY

POSITIONS APPLIED FOR:

1	3
2	4

**3. EDUCATION RECORD**

DID YOU GRADUATE FROM HIGH SCHOOL?  YES  NO IF NO, DO YOU HAVE A GED?  YES  NO YEAR RECEIVED GED YEARS OF HIGH SCHOOL COMPLETED

HIGH SCHOOL CITY STATE YEAR GRADUATED

TRADE, BUSINESS, OR VOCATIONAL SCHOOL CITY STATE FIELD OF STUDY

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

**COLLEGE AND UNIVERSITIES - UNDERGRADUATE AND GRADUATE \***

NAME AND LOCATION	GRADE AVERAGE	TOTAL HOURS	MAJOR SUBJECTS	DEGREE	DATE RECEIVED
	/ 4.0				
	/ 4.0				
	/ 4.0				

\* APPLICATIONS FOR PROFESSIONAL OR MANAGERIAL POSITIONS MUST INCLUDE COLLEGE TRANSCRIPTS.

**4. EXPERIENCE RECORD**

- List your work experience starting with the most recent. If you have held more than one job with the same organization, list each separately. The information you give in the "Duties" section is used to determine your qualifications.
- To describe additional work experience or add more details to the "Duties" section, complete a blank 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 PERCENT OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT.	
EMPLOYER'S ADDRESS			
KIND OF BUSINESS			
YOUR JOB TITLE			
FROM: MONTH / YEAR	TO: MONTH / YEAR		
HOURS PER WEEK	LAST MONTH SALARY		
SUPERVISOR'S NAME			
SUPERVISOR'S TELEPHONE NO.	MAY WE CONTACT YOUR CURRENT SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	100%	
REASON FOR LEAVING		IF YOU SUPERVISED EMPLOYEES, INDICATE NUMBER AND TYPE OF WORK THEY DID.	

EMPLOYER'S NAME		DUTIES	
		SHOW PERCENT OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT.	
EMPLOYER'S ADDRESS			
KIND OF BUSINESS			
YOUR JOB TITLE			
FROM: MONTH / YEAR	TO: MONTH / YEAR		
HOURS PER WEEK	LAST MONTH SALARY		
SUPERVISOR'S NAME			
SUPERVISOR'S TELEPHONE NO.		100%	
REASON FOR LEAVING		IF YOU SUPERVISED EMPLOYEES, INDICATE NUMBER AND TYPE OF WORK THEY DID.	

EMPLOYER'S NAME		DUTIES	
		SHOW PERCENT OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT.	
EMPLOYER'S ADDRESS			
KIND OF BUSINESS			
YOUR JOB TITLE			
FROM: MONTH / YEAR	TO: MONTH / YEAR		
HOURS PER WEEK	LAST MONTH SALARY		
SUPERVISOR'S NAME			
SUPERVISOR'S TELEPHONE NO.		100%	
REASON FOR LEAVING		IF YOU SUPERVISED EMPLOYEES, INDICATE NUMBER AND TYPE OF WORK THEY DID.	

EMPLOYER'S NAME		DUTIES	
		SHOW PERCENT OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT.	
EMPLOYER'S ADDRESS			
KIND OF BUSINESS			
YOUR JOB TITLE			
FROM: MONTH / YEAR	TO: MONTH / YEAR		
HOURS PER WEEK	LAST MONTH SALARY		
SUPERVISOR'S NAME			
SUPERVISOR'S TELEPHONE NO.			
		100%	
REASON FOR LEAVING		IF YOU SUPERVISED EMPLOYEES, INDICATE NUMBER AND TYPE OF WORK THEY DID.	
EMPLOYER'S NAME		DUTIES	
		SHOW PERCENT OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT.	
EMPLOYER'S ADDRESS			
KIND OF BUSINESS			
YOUR JOB TITLE			
FROM: MONTH / YEAR	TO: MONTH / YEAR		
HOURS PER WEEK	LAST MONTH SALARY		
SUPERVISOR'S NAME			
SUPERVISOR'S TELEPHONE NO.			
		100%	
REASON FOR LEAVING		IF YOU SUPERVISED EMPLOYEES, INDICATE NUMBER AND TYPE OF WORK THEY DID.	
EMPLOYER'S NAME		DUTIES	
		SHOW PERCENT OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT.	
EMPLOYER'S ADDRESS			
KIND OF BUSINESS			
YOUR JOB TITLE			
FROM: MONTH / YEAR	TO: MONTH / YEAR		
HOURS PER WEEK	LAST MONTH SALARY		
SUPERVISOR'S NAME			
SUPERVISOR'S TELEPHONE NO.			
		100%	
REASON FOR LEAVING		IF YOU SUPERVISED EMPLOYEES, INDICATE NUMBER AND TYPE OF WORK THEY DID.	

**5. SELECTIVE SERVICE INFORMATION**

ARE YOU REGISTERED WITH THE U.S. SELECTIVE SERVICE SYSTEM? <input type="checkbox"/> NA <input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, LIST REGISTRATION NUMBER	REGISTRATION NUMBER
--	---------------------

**6. MILITARY RECORD**

1. HAVE YOU SERVED IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
2. DATE OF SERVICE FROM _____ TO _____	BRANCH OF SERVICE	UNIT DESIGNATION
CURRENT / HIGHEST RANK HELD		
3. TYPE OF DISCHARGE (If applicable)		

**7. SUPPLEMENTAL INFORMATION**

OPERATOR'S LICENSE NO.	STATE	CLASS	EXPIRATION DATE
------------------------	-------	-------	-----------------

LIST ANY OTHER EXPERIENCE, SKILLS, OR QUALIFICATIONS THAT IS PERTINENT TO CONSIDERATION OF EMPLOYMENT.

**8. NAMES OF RELATIVES / FRIENDS / ASSOCIATES NOW WORKING FOR THE MISSOURI STATE HIGHWAY PATROL**

NAME	RELATIONSHIP	NAME	RELATIONSHIP

**9. PERSONAL REFERENCES (LIST THREE REFERENCES: DO NOT INCLUDE FORMER EMPLOYERS OR RELATIVES.)**

NAME	OCCUPATION	ADDRESS	PHONE NUMBER

**10. APPLICANT CERTIFICATION**

I understand my application will be active for 12 months, after which time a new application must be submitted. I certify the information provided herein is true and complete to the best of my knowledge. I verify that I have read and understand the application to the best of my ability, and by signing it (indicated by typed name), signify that any deliberate misrepresentation or omission of information is cause for rejection of my application or subsequent dismissal from employment.

SIGNATURE	DATE
-----------	------

**MISSOURI STATE HIGHWAY PATROL IS AN EQUAL OPPORTUNITY EMPLOYER**



# MISSOURI STATE HIGHWAY PATROL EQUAL EMPLOYMENT DATA

Data provided below is voluntary. Employees are treated without regard to race, color, religion, sex, national origin, age, marital status, medical condition, or disability. This information will be used to fulfill federal reporting requirements and research purposes only to find out how effective our recruitment efforts are in reaching all segments of the population.

Name: \_\_\_\_\_ Sex:  Male  Female  
(Last) (First) (Middle Initial) (Jr / Sr)

Social Security No.: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Race or Ethnic Group (Mark only one)

- White** (not of Hispanic origin)
- Black or African American** (not of Hispanic origin)
- Asian** (all persons having origins in any of the original peoples of the Far East, Southeast Asia, India, or Pakistan)
- Native Hawaiian or other Pacific Islander** (all persons having origins in any of the original people of Hawaii or other Pacific Islands)
- American Indian or Alaskan Native** (persons having origins in the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition)
- Hispanic or Latino** (all persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin)
- Multi-race or Ethnic Group** (two or more races or ethnic group)

Check if applicable

- Vietnam Era Veteran**  
Military service which was during the period August 5, 1964, through May 7, 1975, with active duty service of more than 180 days and discharged or released with other than a dishonorable discharge or was discharged or released from active duty because of a service connected disability.
- Disabled Veteran**  
Discharged or released from military service because of service connected disability, or rated 30% or more disabled, or rated 10 or 20% disabled under 38 U.S.C., Section 1506, to have a serious employment disability.

Indicate what prompted you to apply for employment with the Patrol:

- |  |   |
|--|---|
| <input type="checkbox"/> No one referred me, just familiar with the patrol | <input type="checkbox"/> Referred by Missouri Division of Employment Security |
| <input type="checkbox"/> Referred by a friend                              | <input type="checkbox"/> Newspaper Advertisement                              |
| <input type="checkbox"/> Referred by a patrol employee                     | <input type="checkbox"/> A Job Opportunity Announcement                       |
| <input type="checkbox"/> Recruited by a patrol representative / recruiter  | <input type="checkbox"/> Referred by a Teacher                                |
| <input type="checkbox"/> Internet  | <input type="checkbox"/> College Campus Recruitment                           |
| <input type="checkbox"/> Career Fair                                       | <input type="checkbox"/> Other _____  |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## MISSOURI STATE HIGHWAY PATROL AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I hereby request and authorize you to furnish the Missouri State Highway Patrol with any and all information they may request concerning my work record, including disciplinary information, educational history, military record, traffic record, criminal record, medical history, and general reputation. I also, request and authorize you to furnish any organization or individual conducting a background investigation on behalf of the Missouri State Highway Patrol with this same information. This authorization is specifically intended to include any and all information of a confidential or privileged nature, including internal affairs or professional standards investigations, as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment with the Missouri State Highway Patrol.

I hereby release the Missouri State Highway Patrol from any liability which may or could result from the use of such information in determining my qualifications for employment with the Missouri State Highway Patrol.

I also hereby release any person, entity, or organization providing information pursuant to this release from any liability which may or could result from furnishing the information requested or from any subsequent use of such information in determining my qualifications for employment with the Missouri State Highway Patrol.

A photocopy or facsimile of this release will be valid as an original thereof for one year from date of execution.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Type or print legibly the following information:

Applicant's Name \_\_\_\_\_

All Other Names Used  
by Applicant \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Current Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



MISSOURI STATE HIGHWAY PATROL  
**AUTHORIZATION TO OBTAIN FINANCIAL INFORMATION**

I authorize the Missouri State Highway Patrol to request information concerning my financial status and credit history. I also authorize any organization or individual conducting a background investigation on behalf of the Missouri State Highway Patrol to obtain this same information. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. I understand that this information will be used for the purpose of determining my eligibility for employment with the Missouri State Highway Patrol.

I hereby release the Missouri State Highway Patrol from any liability which may or could result from the use of such information in determining my qualifications for employment with the Missouri State Highway Patrol.

I also hereby release any person, entity, or organization providing information pursuant to this release from any liability which may or could result from furnishing the information requested or from any subsequent use of such information in determining my qualifications for employment with the Missouri State Highway Patrol.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Type or print legibly the following information:

Applicant's Name \_\_\_\_\_

All Other Names Used  
by Applicant \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Current Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





MISSOURI DEPARTMENT OF REVENUE  
DIVISION OF TAXATION AND COLLECTION

**AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION**  
**(Compliance with Section 105.262, RSMo)**

I, \_\_\_\_\_, authorize and request the Missouri Department of Revenue to release confidential individual income tax information to

\_\_\_\_\_ Missouri State Highway Patrol \_\_\_\_\_ (name of agency or department).

I understand the release of this information is to ensure I am in compliance with the individual income tax filing and paying requirements as described in Section 105.262, RSMo. I further agree that this authorization will be effective immediately upon my signature. If I am employed by the State of Missouri, this authorization will be ongoing until I leave employment from the State of Missouri.

My social security number is: \_\_\_\_\_

The Director of Revenue and Department personnel, are hereby released from any and all liability pursuant to unauthorized disclosures of confidential tax information resulting from release of information under Section 32.057, RSMo, or any other applicable confidentiality statute.

*Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and belief it is true, correct, and complete.*

SIGNATURE

DATE

**This form is to be retained by the Agency. Do not send to the Department of Revenue.**