



MISSOURI HOUSE OF REPRESENTATIVES  
APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

**INSTRUCTIONS**

All information will be treated confidentially. Please answer all questions as completely as possible. The use of this form does not necessarily indicate that positions are open, nor does it constitute an offer or a contract of employment. Please type, print, or write legibly in ink. \*The House prohibits the hiring of any person who at the time of initial hiring is related to any House member within the fourth degree by blood or marriage.

**IDENTIFICATION**

NAME (LAST, FIRST, MIDDLE)	DATE
MAILING ADDRESS	PRIMARY PHONE NUMBER
CITY, STATE, ZIP	SECONDARY PHONE NUMBER
OTHER NAMES IN WHICH EMPLOYMENT OR EDUCATION RECORDS MAY BE FOUND	EMAIL ADDRESS
DO YOU HAVE ANY RELATIVES WORKING FOR THE MISSOURI HOUSE OF REPRESENTATIVES? *IF YES, LIST THE NAME AND RELATIONSHIP OF EACH RELATIVE. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**POSITION AND AVAILABILITY**

TITLE OF POSITION(S) APPLIED FOR	
IF POSITION TITLE IS UNKNOWN, INDICATE AREA(S) OF INTEREST	PAY EXPECTED \$ _____ Per <input type="checkbox"/> Hour <input type="checkbox"/> Annually
TYPE OF POSITION(S) FOR WHICH AVAILABLE <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	HOURS YOU ARE AVAILABLE
WHEN ARE YOU AVAILABLE TO BEGIN WORK? <input type="checkbox"/> Immediately <input type="checkbox"/> After 2 week notice <input type="checkbox"/> Specific Date _____	ARE YOU ABLE TO WORK OVERTIME IF NEEDED? <input type="checkbox"/> Yes <input type="checkbox"/> No
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE YOU WILLING TO TRAVEL IF NEEDED? <input type="checkbox"/> Yes <input type="checkbox"/> No
HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF YES, PLEASE DESCRIBE <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Note: A "Yes" answer does not automatically bar you from employment. Each case is considered on its individual merits; however, falsification of this application will result in automatic disqualification.</i>	

**OFFICE SKILLS**

LIST THE OFFICE EQUIPMENT YOU ARE ABLE TO OPERATE EFFICIENTLY
LIST THE COMPUTER SOFTWARE PROGRAMS AT WHICH YOU ARE PROFICIENT
LIST ANY OTHER APPLICABLE OFFICE SKILLS

**EMPLOYMENT EXPERIENCE (PAID AND VOLUNTEER)**

Please list your work experience, starting with the most recent. Include both full-time and part-time positions. Attach additional sheets if necessary.

EMPLOYER'S NAME		TELEPHONE (   )   -	
ADDRESS		DATES OF EMPLOYMENT (Month/Year) From   /   To   /	
KIND OF BUSINESS		MONTHLY SALARY \$	HOURS PER WEEK
JOB TITLE AND BRIEF DESCRIPTION OF DUTIES			
REASON FOR LEAVING			
NAME OF SUPERVISOR	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No	TELEPHONE (   )   -	
EMPLOYER'S NAME		TELEPHONE (   )   -	
ADDRESS		DATES OF EMPLOYMENT (Month/Year) From   /   To   /	
KIND OF BUSINESS		MONTHLY SALARY \$	HOURS PER WEEK
JOB TITLE AND BRIEF DESCRIPTION OF DUTIES			
REASON FOR LEAVING			
NAME OF SUPERVISOR	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No	TELEPHONE (   )   -	
EMPLOYER'S NAME		TELEPHONE (   )   -	
ADDRESS		DATES OF EMPLOYMENT (Month/Year) From   /   To   /	
KIND OF BUSINESS		MONTHLY SALARY \$	HOURS PER WEEK
JOB TITLE AND BRIEF DESCRIPTION OF DUTIES			
REASON FOR LEAVING			
NAME OF SUPERVISOR	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No	TELEPHONE (   )   -	

**EMPLOYMENT EXPERIENCE (Continued)**

EMPLOYER'S NAME		TELEPHONE (   )   -	
ADDRESS		DATES OF EMPLOYMENT (Month/Year) From   /   To   /	
KIND OF BUSINESS		MONTHLY SALARY \$	HOURS PER WEEK
JOB TITLE AND BRIEF DESCRIPTION OF DUTIES			
REASON FOR LEAVING			
NAME OF SUPERVISOR	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No	TELEPHONE (   )   -	
EMPLOYER'S NAME		TELEPHONE (   )   -	
ADDRESS		DATES OF EMPLOYMENT (Month/Year) From   /   To   /	
KIND OF BUSINESS		MONTHLY SALARY \$	HOURS PER WEEK
JOB TITLE AND BRIEF DESCRIPTION OF DUTIES			
REASON FOR LEAVING			
NAME OF SUPERVISOR	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No	TELEPHONE (   )   -	
EMPLOYER'S NAME		TELEPHONE (   )   -	
ADDRESS		DATES OF EMPLOYMENT (Month/Year) From   /   To   /	
KIND OF BUSINESS		MONTHLY SALARY \$	HOURS PER WEEK
JOB TITLE AND BRIEF DESCRIPTION OF DUTIES			
REASON FOR LEAVING			
NAME OF SUPERVISOR	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No	TELEPHONE (   )   -	
ADDITIONAL COMMENTS REGARDING WORK EXPERIENCE			

**EDUCATION**

HIGH SCHOOL GRADUATE OR GENERAL EDUCATION DEVELOPMENT (GED) TEST PASSED?

☐ YES☐ NO

HIGHEST GRADE COMPLETED

SCHOOL

LOCATION

**POST HIGH SCHOOL EDUCATION OR TRAINING (attach additional sheets if necessary)**

Please attach copy of transcript(s)

NAME AND LOCATION	MAJOR/MINOR	DID YOU GRADUATE?	DEGREE OR DIPLOMA	CREDITS EARNED

**CERTIFICATES/LICENSES**

Please attach copy of certificate/license

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

**MILITARY EXPERIENCE**DO YOU HAVE EXPERIENCE FROM MILITARY SERVICE THAT WOULD BE APPLICABLE TO THE POSITION FOR WHICH YOU ARE APPLYING?  
IF YES, PLEASE DESCRIBE.☐ YES☐ NO

BRANCH OF SERVICE

PERIOD OF ACTIVE DUTY (Month/Year)

From / To /

RANK AT DISCHARGE

DATE OF FINAL DISCHARGE

**REFERENCES**

Please list three professional references who are familiar with your qualifications and work product

NAME	TELEPHONE NUMBER ( ) -	RELATIONSHIP
NAME	TELEPHONE NUMBER ( ) -	RELATIONSHIP
NAME	TELEPHONE NUMBER ( ) -	RELATIONSHIP

## APPLICANT CERTIFICATION

I understand and agree that:

- I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I understand that any omission or misstatement of material fact used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
- I hereby authorize the Missouri House of Representatives to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Missouri House of Representatives any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Missouri House of Representatives, my former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
- I understand that nothing conveyed during any interview, which may be granted, or during my employment, if hired, is intended to create an employment contract between the Missouri House of Representatives and myself. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Missouri House of Representatives, and that no promises or representations contrary to the foregoing are binding on the Missouri House of Representatives unless made in writing and signed by me and the Missouri House of Representative's designated representative.
- Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.

I have read and understand the above.

ORIGINAL SIGNATURE OF APPLICANT

DATE

## ADDITIONAL INFORMATION

### HOW DID YOU LEARN OF THE POSITION?

<input type="checkbox"/> School	Name of School
<input type="checkbox"/> Newspaper	Name of Newspaper
<input type="checkbox"/> Personal Contact	Name of Contact
<input type="checkbox"/> Walk In	Location
<input type="checkbox"/> Website	Address/Location
<input type="checkbox"/> Social Media	Source
<input type="checkbox"/> Other	Please Describe

**Please Return Application to:**

**Missouri House of Representatives  
Administration Division  
201 West Capitol Ave.  
State Capitol Building, Room B-22  
Jefferson City, MO 65101  
househr@house.mo.gov**