



# UNIVERSITY OF MISSOURI - ST. LOUIS

## APPLICATION FOR EMPLOYMENT

Please Type or Print (Blue or Black ink only)

Human Resources  
One University Boulevard  
General Services Building  
St. Louis, MO 63121-4499  
Phone: (314) 516-5804  
Vacancy Hotline: (314) 516-5926  
TDD Users: 1-800-735-2966  
Fax: (314) 516-6463  
Internet address: <http://www.umsl.edu/services/hrs>

**Title of Position and Requisition #:** \_\_\_\_\_

(NOTE: Applications are accepted for currently posted staff vacancies only. Applications that do not identify a currently posted position may be discarded. *Separate* application materials must be submitted for each position for which you are applying.)

**PERSONAL INFORMATION**

NAME : \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

As shown on Social Security card (Last) (First) (M.I.)

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

PHONE #:( ) ( ) ( ) E-MAIL ADDRESS: \_\_\_\_\_  
(Home) (Work) (Mobile)

- Are you age 18 or older?  yes  no
- Are you eligible to work in the U.S.?  yes  no
- Have you ever been employed or attended school under a different name?  no  yes, list name(s): \_\_\_\_\_
- Have you ever been employed by the University of Missouri?  no  yes, list dates, dept. & campus: \_\_\_\_\_
- Are you related to anyone now employed by the University of Missouri?  no  yes, name and relationship: \_\_\_\_\_
- Have you ever been convicted of a crime other than a minor traffic violation?  no  yes, explain (offense and approximate year): \_\_\_\_\_
- If the position requires a driver's license, have you ever been convicted of *any* traffic violation?  no  yes

**Briefly explain how you meet the minimum education, experience and skill requirements listed for this position. (Please note: If you do not meet the advertised qualifications for this position or leave this section blank, your application may not be considered.)**

  
  
  

**EDUCATION & SKILLS**

List all education beginning with most recent and indicate diplomas or degrees completed, including GED. Note: Information provided is subject to verification.

NAME & LOCATION OF SCHOOL	# OF YRS. COMPLETED	GRADUATED		DEGREE & MAJOR
college		<input type="checkbox"/> YES, date: _____	<input type="checkbox"/> NO, approx. credit hours remaining: _____	
other		<input type="checkbox"/> YES, date: _____	<input type="checkbox"/> NO, approx. credit hours remaining: _____	
other		<input type="checkbox"/> YES, date: _____	<input type="checkbox"/> NO, approx. credit hours remaining: _____	
high school		<input type="checkbox"/> YES	<input type="checkbox"/> NO	

**COMPUTER SKILLS:** For office positions, indicate all computer systems and software packages with which you have experience. Please indicate number of years experience and/or any relevant training completed.

**Microsoft Office Applications:** \_\_\_\_\_  
**Web Page Development:** \_\_\_\_\_  
**PeopleSoft:** \_\_\_\_\_  
**Other:** \_\_\_\_\_

**RELATED SKILLS:** List technical skills/credentials relevant to this job which are not included on the application, including driver's license (list type of license and name of state where issued), clerical skills (i.e., shorthand, Dictaphone, switchboard, etc.), certifications, or other specialized skills.

• Typing Speed: \_\_\_\_\_ wpm;

<p><b>FOR HR USE ONLY:</b></p> <p>Req. # _____</p> <p>ID: _____ Scores: _____</p>	<p><b>FOR DEPT. USE ONLY:</b></p> <p>MO Code(s): _____ Rate: _____ Start Date: _____</p> <p>Reviewer's Signature: _____ Date: _____</p>
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**EMPLOYMENT HISTORY**

List your last four employers, starting with the most recent. You may include military service or significant volunteer/internship activities. Use additional paper (or attach resume) to indicate additional employment. If attaching a resume that clearly describes the responsibilities of each position, you may write, "See attached resume" in the Duties section; however, all other sections must be completed. Failure to provide all information requested below may result in you not being considered for employment. Note: We reserve the right to contact all former employers. With applicant permission, current employers may be contacted.

Dates Employed (month/year): From:                      To:	Position Title:	Organization Name/Address:
Salary: Start: \$                      Final: \$	Supervisor's Name/Title/Phone:	Other Contact Name/Title/Phone:
May we contact current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> After a contingent offer of employment	Duties:	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____	What do/did you like best about your job?	What do/did you like least?
Reason For Leaving:		
Dates Employed (month/year): From:                      To:	Position Title:	Organization Name/Address:
Salary: Start: \$                      Final: \$	Supervisor's Name/Title/Phone:	Other Contact Name/Title/Phone:
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____	Duties:	
Reason For Leaving:	What did you like best about your job?	What did you like least?
Dates Employed (month/year): From:                      To:	Position Title:	Organization Name/Address:
Salary: Start: \$                      Final: \$	Supervisor's Name/Title/Phone:	Other Contact Name/Title/Phone:
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____	Duties:	
Reason For Leaving:	What did you like best about your job?	What did you like least?
Dates Employed (month/year): From:                      To:	Position Title:	Organization Name/Address:
Salary: Start: \$                      Final: \$	Supervisor's Name/Title/Phone:	Other Contact Name/Title/Phone:
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____	Duties:	
Reason For Leaving:	What did you like best about your job?	What did you like least?

<b>PLEASE EXPLAIN ANY GAPS BETWEEN JOBS:</b>  FROM: / / TO: / / REASON:  FROM: / / TO: / / REASON:	<b>PLEASE LIST 3 PERSONAL REFERENCES THAT ARE NOT RELATED TO YOU:</b>	
	Name:	Phone #:
	Name:	Phone #:
	Name:	Phone #:

**Please Read Carefully and Sign.** I certify that all information contained in this application and supporting documents is accurate and complete, and I understand that misrepresentation or omission of facts called for on this application or in an interview is grounds for removal from consideration for employment or dismissal after employment. I authorize this institution to investigate, without liability, all statements contained in this application and supporting documents. I also authorize former employers, references, or others shown on this application and supporting documents to respond, without liability, to any inquiries by this institution in connection with this application for employment. I understand that an offer of employment may be conditional upon the successful completion of a drug screening and/or a physical examination and that I will be required to provide proof of employment eligibility as required by law. I understand that UM - St. Louis is a public institution. Therefore, my application materials and, if hired, salary information may be made available for public examination. If employed, I agree to work according to the schedules, locations and conditions required and agree to comply with the policies, practices, and rules of this institution. I understand that the submission of this application or participation in an interview in no way constitutes an employment contract. I further understand that, unless otherwise defined by applicable law, any employment relationship with this institution is of an "at will" nature and may be terminated at any time without cause.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

UM - ST. LOUIS IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER COMMITTED TO EXCELLENCE THROUGH DIVERSITY.  
 Inquiries and concerns about discrimination on the basis of race, color, religion, national origin, sex, age, disability or Vietnam Era veteran status may be directed to: Office of Equal Opportunity, 414 Woods Hall, (314) 516-5695

## APPLICANT POOL STATISTICAL DATA



The University of Missouri is required to collect and report demographic data about our applicants for employment. The information requested below will be used for state, federal, or internal statistical reporting purposes. The information will be kept confidential by Human Resources in accordance with Section 504 of the Rehab Act of 1973 and other applicable federal and state laws. This form is not forwarded to hiring supervisors. *This information is requested on a strictly voluntary basis.* Providing it will not detract from your opportunity for employment. Likewise, declining to provide it will not subject you to any adverse treatment. UM-St. Louis is an affirmative action/equal opportunity employer committed to excellence through diversity. **We appreciate your cooperation.**

### APPLICANT INFORMATION

Name: _____	_____	_____
Last	First	Middle
Date of Birth: ____/____/____	Gender: <input type="checkbox"/> Female	<input type="checkbox"/> Male
mo      day      year		
Social Security #: _____		
Position for which you are applying: _____		
How did you learn about the position vacancy?	UMSL Website	UMSL Hotline
St. Louis American	Monster.com	Posting
Friend	UMSL Employee	Relative
Other: _____		

### ETHNIC SELF-IDENTIFICATION

<input type="checkbox"/>	White, not of Hispanic origin (having origins in any of the original peoples of Europe, North Africa, or the Middle East)
<input type="checkbox"/>	Black, not of Hispanic origin (having origins in any of the original black racial groups of Africa)
<input type="checkbox"/>	Hispanic (having origins in Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture, regardless of race)
<input type="checkbox"/>	Asian/Pacific Islander (having origins in the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands)
<input type="checkbox"/>	Native American/Alaskan Native (having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition. Tribal affiliation : _____)
<input type="checkbox"/>	Other

### DISABILITY STATUS

Can you perform the essential functions of the position for which you are applying, with or without a reasonable accommodation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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### VETERAN STATUS

<input type="checkbox"/>	V	Vietnam-era Veteran (any veteran of the armed services who served on active duty for at least 181 days, any part of which occurred between 8/5/64 and 5/7/75, and who was honorably discharged or released because of a service-related disability)
<input type="checkbox"/>	S	Disabled Veteran (any person entitled to compensation by the Veterans Administration for a disability rated at thirty percent or more, or who was discharged or released from active duty by reason of a service-related disability)

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