Public Service Commission

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. ***If completing this application electronically, be sure to save the document before emailing.***

IDENTIFICATION

NAME (LAST, FIRST, MIDDLE)	DATE
PRESENT MAILING ADDRESS	EMAIL ADDRESS
CITY, STATE, ZIP	HOME PHONE NUMBER
OTHER NAMES IN WHICH EMPLOYMENT OR EDUCATION RECORDS MAY BE FOUND	BUSINESS PHONE NUMBER
PLEASE LIST NAMES AND RELATIONSHIP OF ANY RELATIVES WORKING FOR THE PUBLIC SERVICE COMMISSION	OTHER PHONE NUMBER

POSITION AND AVAILABILITY

TITLE OF POSITION(S) APPLIED FOR

IF POSITION TITLE IS UNKNOWN, INDICATE AREA(S) OF INTEREST	PAY EXPECTED $
TYPE OF POSITION(S) FOR WHICH AVAILABLE ☐ Full-Time ☐ Part-Time ☐ Temporary	WHEN ARE YOU AVAILABLE TO BEGIN WORK?
ARE YOU ABLE TO WORK OVERTIME IF NEEDED? ☐ Yes ☐ No	ARE YOU WILLING TO TRAVEL, IF NEEDED? ☐ Yes ☐ No

OFFICE SKILLS

WHAT OFFICE EQUIPMENT ARE YOU ABLE TO OPERATE EFFICIENTLY?

LIST THE COMPUTER SOFTWARE PROGRAMS AT WHICH YOU ARE PROFICIENT

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? ☐ Yes ☐ 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? ☐ Yes ☐ No	TELEPHONE	

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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 transcripts.

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

CERTIFICATES/LICENSES

Please attach copy of license/certificate

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

MILITARY EXPERIENCE

ARE YOU, OR HAVE YOU EVER BEEN, A MEMBER OF THE MISSOURI NATIONAL GUARD?

☐ YES ☐ NO

HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE ARMED FORCES OF THE UNITED STATES AND SEPARATED FROM SUCH SERVICE UNDER CONDITIONS OTHER THAN DISHONORABLE?

☐ YES ☐ NO

IF YES: WOULD YOU LIKE TO RECEIVE INFORMATION AND ASSISTANCE REGARDING THE AGENCY'S VETERAN SERVICES?

☐ YES ☐ NO

PROFESSIONAL REFERENCES

Please list three professional references who are familiar with your qualifications.

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 Public Service Commission 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 Public Service Commission any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In additional, I hereby release the Missouri Public Service Commission, 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 Public Service Commission 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 Public Service Commission, and that no promises or representations contrary to the foregoing are binding on the Missouri Public Service Commission unless made in writing and signed by me and the Missouri Public Service Commission'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.

☐ I agree	☐ I decline	DATE

Please Return Application to mailing or E-mail address

MAILING ADDRESS
Human Resources Department
Missouri Public Service Commission
200 Madison Street – PO Box 360
Jefferson City, MO 65102-0360

E-MAIL ADDRESS
pscjobs@psc.mo.gov

PHYSICAL ADDRESS
Human Resources Department
Missouri Public Service Commission
Governor Office Building, Suite 230
200 Madison Street
Jefferson City, MO 65101

TELEPHONE
Telephone: 573-526-5869

FAX
Facsimile: 573-526-4935

Public Service Commission
Human Resources Department

OPTIONAL APPLICANT CHARACTERISTIC SURVEY

The following requested information is **VOLUNTARY** and in no way affects you as an individual applicant or your application for employment. This information will be used for federal reporting and research purposes only to find out how effective our recruitment efforts are in reaching all segments of the population and in providing equal employment opportunity.

INSTRUCTIONS:

Place your numbered answer to each question in the box to the left of the question. Return this form with your application for employment.

Position Applying for: _____ **Date:** _____

☐ A. Gender?

1. Male
2. Female

☐ B. What is the highest level of education you have attained?

1. 0-8 years
2. 9-12 years but not a high school graduate
3. High school graduate (or passed GED test)
4. Post high school vocational or business school training
5. College, less than a B.A. or B.S. degree
6. B.A., or B.S., or comparable bachelor's degree
7. M.A., or M.S., or comparable master's degree
8. PhD, JD, LLB, or comparable professional degree
9. MD, DO or comparable professional degree in medicine

☐ C. Which racial/ethnic group do you consider yourself a member?

1. American Indian
2. Hispanic
3. Asian/Pacific Islander
4. Black
5. White
6. Other

☐ D. What is your age?

1. 16-24 years
2. 25-29 years
3. 30-39 years
4. 40-49 years
5. 50-59 years
6. 60-64 years
7. 65-69 years
8. 70 or more years

☐ E. How did you learn about this employment opportunity?

1. Newspaper _____
2. Employee of the Agency _____
3. Website/Internet _____
4. School _____
5. Other _____

☐ F. Do you have a physical or mental disability that requires reasonable accommodation during employment?

1. Yes
2. No