Application for Employment
Ralls County Council

POSITION APPLIED FOR: You must fill out all sections of this application completely and honestly. This information will be used to determine your eligibility for this position. All application materials become the property of the County Council and will not be returned. (NOTE: A separate application must be completed for each position for which you are applying.)

Background checks and criminal convictions may be conducted on the final candidate(s) for any full-time or part-time position.

Position Applying For	Date Applied

PERSONAL INFORMATION

Name (Last, First, Middle Initial)			

Address (Street, City, State, Zip Code)			

Home Phone #	Cell Phone #	Work Phone #	E-mail Address

Name of someone who knows how to contact you if your address changes	Contact's Phone #	Contact's E-mail Address

How did you find out about this job opening?
❑ Web Page (identify) _____   ❑ Newspaper/Journal Ad (identify) _____
❑ Referral   ❑ Job Service   ❑ Other (Please Explain)

Are you authorized to work in the U.S.? ❑ Yes   ❑ No
If employed, you must show documents that prove your identity and employment eligibility as required by the Immigration Reform and Control Act of 1986.

Are you in any way related to a member of this County Council **or** any present employee of the University Extension?   ❑ Yes   ❑ No
If yes, indicate the individual's name, relationship and department.

Minimum Acceptable Salary?	Date Available for Employment?

EDUCATION & SKILLS

Please list all education beginning with most recent. Indicate a diploma or degree, if completed, including GED if obtained.

Name & Location of School	# of yrs. Complete	Graduated		Degree & Major
College		☐ Yes	If no, approx. number of credit hours completed:	
Other		☐ Yes	If no, approx. number of credit hours completed:	
Other		☐ Yes	If no, approx. number of credit hours completed:	
High School/GED		☐ Yes	If no, approx. number of credit hours completed:	

OFFICE/COMPUTER SKILLS

☐ Word Processing ☐ Presentation Software ☐ Transcription ☐ Apple / Mac
☐ Database ☐ Desktop Publishing ☐ Medical Terminology ☐ Ten key by touch
☐ Spreadsheet ☐ Typing _____wpm ☐ PC/IBM ☐ Switchboard
☐ Peoplesoft

SKILLS/CERTIFICATIONS/PROGRAMMING LANGUAGES: List technical or specialized skills/credentials relevant to this job, including driver's license (list type of license and name of state where issued), certifications, professional licenses, registrations held (include certification/registration number and expiration date) and knowledge of any computer programming languages or specialized software or hardware.

EMPLOYMENT HISTORY: List all employment including military and volunteer service *starting with the most current position held*. Show employment history for at least 10 years or from the time you left school (supplemental sheets available). Explain gaps in employment history. You may attach a resume, *but you must complete the employment section*. This information will be used in reference checks. Failure to answer all items in the following section may eliminate you from further consideration.

Dates Employed (month/year)		Position Title	
From:	To:		
Salary		Organization Name/Address	
Start: $ **/hr or yr**	Final: $ **/hr or yr**		
☐ Full-time	☐ Part-time, hrs/wk		
May we contact for references ☐ Yes ☐ No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			

Dates Employed (month/year)		Position Title	
From:	To:		
Salary		Organization Name/Address	
Start: $ **/hr or yr**	Final: $ **/hr or yr**		
☐ Full-time	☐ Part-time, hrs/wk		
May we contact for references ☐ Yes ☐ No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			

Dates Employed (month/year)		Position Title	
From:	To:		
Salary		Organization Name/Address	
Start: $ **/hr or yr**	Final: $ **/hr or yr**		
☐ Full-time	☐ Part-time, hrs/wk		
May we contact for references ☐ Yes ☐ No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			

Dates Employed (month/year)		Position Title	
From:	To:		
Salary		Organization Name/Address	
Start: $ **/hr or yr**	Final: $ **/hr or yr**		
☐ Full-time	☐ Part-time, hrs/wk		
May we contact for references ☐ Yes ☐ No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			

You may submit additional pages and/or a resume.

(October 2007)

In the box below, please briefly indicate other information about your professional or academic background and career goals which could be pertinent to an employment decision.

PLEASE READ CAREFULLY AND CHECK THE BOX - I certify that the above statements are correct. I understand that any false information (or omissions) in this application, or its supporting documents, will be sufficient grounds for refusal to hire me or termination without notice. I agree that all rules, orders, and regulations of the Board of Curators affecting my employment shall constitute a part of my appointment or employment. I further understand that the University of Missouri has the right to review and investigate my education, previous employment, driving, and criminal records and other background data.

☐ APPLICANT'S SIGNATURE:_____ DATE:_____

NOTICE OF NONDISCRIMINATION - Per Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and Section 504 of the Rehabilitation Act of 1973, the University does not discriminate on the basis of race, color, religion, national origin, ancestry, sex, disability, or status as disabled veteran or veteran of the Vietnam Era. Any person having inquiries concerning compliance with these regulations is directed to contact the County Extension Council or the Assistant Secretary of Civil Rights, U.S. Department of Education.

(October 2007)