

For Office Use Only	Middle Name	Position(s)
	First Name	
	Last Name	
Date:		

APPLICATION for EMPLOYMENT

Please let us know if you require assistance with any part of the application process.

**MSSU is an
Equal Opportunity Employer.**

Applicants will receive consideration without regard to race, creed, religion, color, gender, age, national origin, disability, or veteran status.

MSSU provides a payroll direct deposit program to its employees at no charge. All employees are required to participate.



Missouri Southern State University

Human Resources Office
Hearnes Hall, Room 217
3950 E. Newman Road
Joplin, MO 64801
(417) 625-9527

For complete job listings view our web site: www.mssu.edu/hr

APPLICANT INFORMATION

PLEASE PRINT OR WRITE CLEARLY

Social Security Number		
Last Name	First	Middle
_____	_____	_____
Street Address		

City	State	Zip
_____	_____	_____
(Area Code) Home Telephone	(Area Code) Alternate or Cell Phone	(Area Code) Business Telephone
_____	_____	_____

- **POSITION or SPECIALTY DESIRED** (circle all that apply)
1 _____ Full Time Temporary Day Shift
Part Time Summer Only Evening Shift
2 _____ Night Shift
- **DATE AVAILABLE TO BEGIN WORK:** _____
- **HOW DID YOU LEARN ABOUT THIS JOB?** Job Service Office _____ MSSU Employee (specify) _____
Advertisement _____ Internet Website _____ Walk-In _____ Other (specify) _____
MSSU Employee _____
Other _____
- **HAVE YOU EVER BEEN PREVIOUSLY EMPLOYED BY MSSU?** YES NO
If YES, Dates _____
Position(s) Held _____
- **ANY RELATIVES OR FRIENDS EMPLOYED BY MSSU?** YES NO
If YES, Name(s) _____
Relationship(s) _____
- **ARE YOU A CITIZEN OF THE UNITED STATES, OR OTHERWISE LAWFULLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES?** YES NO
- **HAVE YOU ATTENDED SCHOOL OR BEEN EMPLOYED UNDER ANOTHER NAME?** YES NO
If YES, Please specify _____
- **HAVE YOU EVER BEEN CONVICTED OF A FELONY WHICH HAS NOT BEEN ANNULLED, EXPUNGED, OR SEALED BY A COURT?** YES NO
If YES, please explain. (Conviction will not necessarily preclude employment)

EDUCATION

	FIELD(S) OF STUDY	YRS.	DEGREE OR CERTIFICATION	DATE COMPLETED
HIGH SCHOOL		9 10 11 12		
COLLEGE or UNIVERSITY		1 2 3 4		
GRADUATE SCHOOL		1 2 3 4		
TECHNICAL or TRADE SCHOOL		1 2 3 4		

- SPECIAL SKILLS:** List and summarize any special skills/training you have obtained through employment, apprenticeship(s), trade school(s) or continuing education. **Be sure to include those skills that relate to the position for which you are applying, i.e., office skills, computer skills, technical skills. etc.**

- APPLICANT'S COMMENTS:**

REFERENCES

List 3 references, other than relatives or former employers, who have known you for at least three years.

NAME	ADDRESS	OCCUPATION	TELEPHONE

EMPLOYMENT HISTORY

**List all employment for at least the past ten (10) years. Use additional paper if necessary.
(Start with your current or last job. Include military service & periods of unemployment.)
Resumes will NOT be accepted in lieu of completing this section.**

EMPLOYER _____ CITY, STATE _____ () PHONE _____ JOB TITLE _____ IMMEDIATE SUPERVISOR _____ REASON FOR LEAVING _____	END DATE: (MONTH & YR)		WORK PERFORMED _____ _____ _____ _____
EMPLOYER _____ CITY, STATE _____ () PHONE _____ JOB TITLE _____ IMMEDIATE SUPERVISOR _____ REASON FOR LEAVING _____	END DATE: (MONTH & YR)		WORK PERFORMED _____ _____ _____ _____
EMPLOYER _____ CITY, STATE _____ () PHONE _____ JOB TITLE _____ IMMEDIATE SUPERVISOR _____ REASON FOR LEAVING _____	END DATE: (MONTH & YR)		WORK PERFORMED _____ _____ _____ _____
EMPLOYER _____ CITY, STATE _____ () PHONE _____ JOB TITLE _____ IMMEDIATE SUPERVISOR _____ REASON FOR LEAVING _____	END DATE: (MONTH & YR)		WORK PERFORMED _____ _____ _____ _____

(IF YOU REQUIRE ADDITIONAL SPACE, PLEASE ATTACH A SEPARATE SHEET OF PAPER)

I certify that the answers given in this application are true and complete. I understand that, if employed, false or misleading information given in this application or interview(s) may result in discharge at any time during my employment.

I authorize any person or entity listed in this application to provide information which the University may request in its evaluation of my qualifications for employment. I further agree that the University may furnish like information to those with whom I may seek employment in the future. I release all parties from all liability for any damage that may result from such furnishing of information to or by the University.

I understand the terms, conditions, compensation, benefits, hours, schedule, and duration of employment may be determined, changed or modified at any time by the University. I understand further that my employment is at will and can be terminated, with or without cause, and with or without notice, at any time at the option of either the University or myself. I understand, also, that I am required to abide by all rules and regulations of the University.

DATE

SIGNATURE OF APPLICANT

MISSOURI SOUTHERN STATE UNIVERSITY

APPLICANT DATA RECORD

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

COMPLETION of SECTION B is VOLUNTARY

As an employer/government contractor, we comply with government regulations, including affirmative action responsibilities where they apply.

Solely to help us comply with government record keeping, reporting, and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

SECTION A -- PLEASE PRINT CLEARLY

Date of Application						
Position Applied For						
Referred By (check)	<input type="checkbox"/>	Job Service Office	<input type="checkbox"/>	MSSU Employee	<input type="checkbox"/>	Advertisement
	<input type="checkbox"/>	Internet Web sites	<input type="checkbox"/>	Walk-In	<input type="checkbox"/>	Other (specify)

Name	Last	First	Middle I.
Address			
City, State, ZIP			
(Area Code) & Phone #			

SECTION B--COMPLETION is VOLUNTARY

PLEASE CHECK ONE	<input type="checkbox"/>	MALE	<input type="checkbox"/>	FEMALE				
CHECK IF APPLY	<input type="checkbox"/>	Disabled Individual	<input type="checkbox"/>	Disabled Veteran	<input type="checkbox"/>	Veteran	<input type="checkbox"/>	Vietnam Veteran
Ethnicity – Please Check One	<input type="checkbox"/>	Hispanic/Latino	<input type="checkbox"/>	Non-Hispanic/Latino	****If Non-Hispanic/Latino – check one of the boxes below			

PLEASE CHECK AS APPROPRIATE	<input type="checkbox"/>	White	<input type="checkbox"/>	Black	<input type="checkbox"/>	Native Hawaiian	<input type="checkbox"/>	Asian
	<input type="checkbox"/>	Decline to Answer	<input type="checkbox"/>	Native American/Alaskan Native	<input type="checkbox"/>	Other Pacific Islander	<input type="checkbox"/>	Two or more races, NOT Hispanic/Latino