



MISSOURI JUDICIARY EMPLOYMENT APPLICATION

Website address: <http://www.courts.mo.gov/>
"AN EQUAL OPPORTUNITY EMPLOYER"

OFFICE OF STATE COURTS ADMINISTRATOR
P.O. BOX 104480
JEFFERSON CITY, MO 65110
PHONE - (573) 751-4377 FAX - (573) 522-8260

IDENTIFICATION			For Office Use Only
Name (Last, First, Middle)			
Other names in which employment, military or education records may be found			
Current Mailing address			
City	State	Zip Code	
Telephone numbers where you can be reached regarding employment			

EDUCATION		Grade Completed
High School Graduate or GED Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of School	City and State	

POST HIGH SCHOOL TRAINING (COLLEGE, BUSINESS SCHOOL, MILITARY, ETC.)			
Name and Location	Credits Earned	Degree	Major/Minor (Attach transcripts)

CERTIFICATES/LICENSES – ATTACH COPY OF CERTIFICATION OR LICENSE				
If you are currently certified, registered, or licensed to practice a profession or occupation, please complete the following section:				
License/Certificate Issued By	Field/Trade/Specialization	License/Certificate Number	Issue Date	Expiration Date

SKILLS
What office equipment can you operate efficiently?
List software at which you are proficient?

POSITIONS YOU ARE APPLYING FOR
1.
2.
3.
4.
Minimum salary required

EXPERIENCE RECORD

- List your work experience, starting with the most recent. The information you give in the "Duties" section is used to determine your qualifications. **A RESUME MAY BE INCLUDED.**

Employer's Name and Address

Your Job Title

Kind of Business

From: Mo/Yr

To: Mo/Yr

Hours Per Week

Last Month Salary

Supervisor's Name and Title

Telephone

May we contact your supervisor?
 Yes No

Briefly describe your duties

If you supervised employees indicate number and types of work they did.

Reason for leaving

Employer's Name and Address

Your Job Title

Kind of Business

From: Mo/Yr

To: Mo/Yr

Hours Per Week

Last Month Salary

Supervisor's Name and Title

Telephone

May we contact your supervisor?
 Yes No

Briefly describe your duties

If you supervised employees indicate number and types of work they did.

Reason for leaving

Employer's Name and Address

Your Job Title

Kind of Business

From: Mo/Yr

To: Mo/Yr

Hours Per Week

Last Month Salary

Supervisor's Name and Title

Telephone

May we contact your supervisor?
 Yes No

Briefly describe your duties

If you supervised employees indicate number and types of work they did.

Reason for leaving

INTERVIEW ACCOMMODATIONS

Any applicant in need of special interview accommodations due to religious beliefs or disability under the American with Disabilities Act should contact us. Our contact information is located on the front page of this application form.

PERSONAL DATA

Have you ever been convicted of a felony? Yes No

Describe the nature and date of the offense(s):

Are you authorized to work in the United States? Yes No

Are you willing to travel if it is required? Yes No Do you have a valid Missouri driver's license? Yes No

Are you related by blood or marriage to any current employee of the Office of State Courts Administrator? Yes No

If so, please state employee's name and relationship to you: _____

APPLICANT CERTIFICATION AND AUTHORIZATION

I hereby certify that this application contains no willful misrepresentation or falsifications and that the information given by me is true and complete to the best of my knowledge. I am aware that should investigation at any time disclose any such misrepresentation or falsification as to a material fact, my application will be rejected and/or I will be dismissed from employment.

I hereby authorize my previous employers or any educational institutions I have attended to release to the Office of State Courts Administrator's authorized representative, any information they may have regarding my character, academic record or employment history. I also authorize any enforcement agency or the Department of Revenue to allow any authorized representative of the Office of State Courts Administrator to examine, copy, or receive any records pertaining to me regarding convictions or driving record. By authorizing the above, I agree to hold harmless any individual, partnership, corporation, educational institution or agency, officers, agents, and employees from any liability for any damage whatsoever for issuing such information.

Signature	Date
-----------	------

Please tell us how you learned about this job opportunity.