



**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 65110-4480**

**PHONE: (573) 751-4377 FAX: (573) 522-8260**

IDENTIFICATION			For Agency Use Only
Name (Last, First, Middle)			
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?	Yes	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 CERTIFICATE 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 will be used to determine your qualifications. **A RESUME MAY BE INCLUDED**

Employer's name and address

Your job title

Type 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

Type of business

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To: Mo/Yr

Hours per week

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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 U.S.?  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 of 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 this 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 opportunity