



**STATE
TECHNICAL
COLLEGE**
OF MISSOURI

One Technology Drive
Linn, MO 65051
Phone 573-897-5000
Fax 573-897-4509

APPLICATION FOR EMPLOYMENT

STC is an equal opportunity employer. Race, color, religion, age, gender, disability, marital or veteran status, place of national origin and other categories protected by law are not factors in employment, promotion, compensation or working conditions.

Please respond to every question on this application. DO NOT refer to another document such as a resume.
You may, however, enclose with the application any documentation you wish to support your candidacy.

Name _____ Social Security # _____
Last First Middle

Address _____
Street City State Zip

Home Phone () _____ Cell Phone () _____ Email Address _____

Work Phone () _____ May we contact you at work? Yes No

Position(s) for which you are applying: _____

Do you desire full-time _____ part-time _____ employment? Hourly rate of pay or monthly salary desired: _____

Are you available to work weekends _____ holidays _____ evenings/nights _____ if appropriate to your position?

If hired, on what date could you begin work? _____

Briefly state why you would like to work at STC. _____

Do you have friends or relatives working for STC? _____ If yes, state name and/or relationship:
(Name) (Relationship)

Do you have a valid driver's license? _____ State & License Number _____

Have you ever been convicted of a felony (excluding any sealed or expunged convictions)? Yes No

(NOTE: No applicant will be denied employment solely on the grounds of a conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

If you answered yes, please explain: _____

EMPLOYMENT HISTORY

List all previous employers, starting with your present or most recent position.

1.

Name of Employer _____ Location (city & state) _____

Name of Supervisor _____ Supervisor's Phone Number _____

Dates of Employment: Starting _____ Ending _____

Rate of Pay: Starting _____ Ending _____

Duties: _____

Reason for Leaving: _____

2.

Name of Employer _____ Location (city & state) _____

Name of Supervisor _____ Supervisor's Phone Number _____

Dates of Employment: Starting _____ Ending _____

Rate of Pay: Starting _____ Ending _____

Duties: _____

Reason for Leaving: _____

3.

Name of Employer _____ Location (city & state) _____

Name of Supervisor _____ Supervisor's Phone Number _____

Dates of Employment: Starting _____ Ending _____

Rate of Pay: Starting _____ Ending _____

Duties: _____

Reason for Leaving: _____

References:

1. _____
Name Title

Relationship to You Telephone Number of Years Known

2. _____
Name Title

Relationship to You Telephone Number of Years Known

3. _____
Name Title

Relationship to You Telephone Number of Years Known

Do you object to your present employer being contacted? Yes No

Do you have other obligations that might interfere with responsibilities at State Technical College of Missouri? Yes No

UNCONDITIONAL RELEASE FORM

I affirm that all statements and answers are true and correct to the best of my knowledge and that I have not knowingly withheld any information that would affect my application unfavorably. I authorize you to conduct any necessary investigation with respect to my application and release State Technical College of Missouri; the officers, agents, employees and directors of each of my past employers; and personal references from any and all liability arising from disclosure of personnel records, verbal appraisals of my performance, background checks, and opinions as to my character. I understand and agree that this release includes any and all manners of actions that I may now have or may have in the future concerning such disclosures, regardless of their nature. I agree that any misrepresentations made herein will be just and due cause for my discharge from employment.

Signature _____ Date _____