



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 HUMAN RESOURCES PROGRAM  
**APPLICATION FOR TEMPORARY EMPLOYMENT**

The mission of the Missouri Department of Natural Resources is to "is to protect our air, land and water; preserve our unique natural and historic places; and provide recreational and learning opportunities for everyone."

TO APPLICANTS WITH DISABILITIES: IF YOU HAVE DIFFICULTY WITH ANY PHASE OF THE EMPLOYMENT PROCESS, PLEASE CALL 573-751-2518. REASONABLE ATTEMPTS WILL BE MADE TO ACCOMMODATE SPECIAL NEEDS. TTY/TDD USERS: PLEASE USE THE RELAY MISSOURI NUMBER: 800-735-2966.

IDENTIFICATION			
LAST NAME                      FIRST NAME                      MIDDLE			ARE YOU LAWFULLY AUTHORIZED TO WORK IN THE U.S.?  <input type="checkbox"/> YES <input type="checkbox"/> NO
HOME ADDRESS			
SOCIAL SECURITY NUMBER	HOME TELEPHONE WITH AREA CODE	WORK TELEPHONE WITH AREA CODE	EMAIL ADDRESS
POSITION (PLEASE COMPLETE ONE APPLICATION FOR EACH POSITION FOR WHICH YOU ARE APPLYING)			
TITLE AND LOCATION OF POSITION FOR WHICH APPLYING:		CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION AS LISTED ON THE VACANCY NOTICE?  <input type="checkbox"/> YES <input type="checkbox"/> NO	
TYPE OF EMPLOYMENT DESIRED:  <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY		WHEN COULD YOU START WORK:	MINIMUM SALARY EXPECTATION:
EDUCATION/TRAINING (COLLEGE, MILITARY, VOCATIONAL EDUCATION, AND SO ON.) NOTE: IF SELECTED FOR INTERVIEW, COPIES OF TRANSCRIPTS MAY BE REQUIRED.			
HIGH SCHOOL GRADUATE OR GENERAL EDUCATION DEVELOPMENT TEST  <input type="checkbox"/> YES <input type="checkbox"/> NO		SCHOOL NAMES AND LOCATIONS:	
CIRCLE HIGHEST ELEMENTARY/SECONDARY GRADE COMPLETED  1   2   3   4   5   6   7   8   9   10   11   12			
NUMBER OF YEARS OF POST SECONDARY EDUCATION (COLLEGE) COMPLETED  1   2   3   4   5   6   ——— OTHER			
<b>I certify the statements made in this application are correct and complete and, if employed, understand that any false or omitted information in this application or its supporting documents will be sufficient grounds for immediate termination.</b>			
ORIGINAL SIGNATURE (UNSIGNED APPLICATIONS WILL NOT BE ACCEPTED)			DATE
NOTICE OF DISCRIMINATION: THE MISSOURI DEPARTMENT OF NATURAL RESOURCES DOES NOT DISCRIMINATE ON THE BASIS OF RACE, SEX, NATIONAL ORIGIN, RELIGION, DISABILITY, OR STATUS AS A VETERAN. ANY PERSON HAVING INQUIRIES CONCERNING THIS NONDISCRIMINATION RESOLUTION ARE ENCOURAGED TO CONTACT THE DIRECTOR OF THE HUMAN RESOURCES PROGRAM, DEPARTMENT OF NATURAL RESOURCES, P.O. BOX 176, JEFFERSON CITY, MISSOURI 65102-0176. TELEPHONE 573-751-2518, TTY/TDD USERS, PLEASE USE THE RELAY MISSOURI NUMBER: 800-735-2966.			

(PLEASE COMPLETE THE SECTION BELOW STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER. USE ADDITIONAL SHEETS OF PAPER IF NECESSARY. YOU MAY ATTACH A RESUME IN LIEU OF COMPLETEING THIS SECTION; HOWEVER, FAILURE TO PROVIDE ALL THE INFORMATION REQUESTED MAY RESULT IN REJECTION OF YOUR APPLICATION FOR EMPLOYMENT.)

EMPLOYER'S NAME AND ADDRESS		<b>DUTIES</b>	
YOUR JOB TITLE		SHOW PERCENT OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT. IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE THE NUMBER AND TYPE OF WORK THEY PERFORMED. IF APPLYING FOR A COMPUTER INFORMATION SPECIALIST POSITION, PLEASE LIST THE SOFTWARE AND COMPUTER LANGUAGES USED, THE PERCENT OF TIME SPENT USING, AND AN EXPLANATION OF HOW USED.	
FROM: MO/YR	TO: MO/YR		
HOURS PER WEEK	LAST MO. SALARY		
SUPERVISOR'S NAME	PHONE		
MAY WE CONTACT YOUR SUPERVISOR <input type="checkbox"/> YES <input type="checkbox"/> NO      IF NO, WHY?			
REASON FOR LEAVING			
EMPLOYER'S NAME AND ADDRESS		<b>DUTIES</b>	
YOUR JOB TITLE		SHOW PERCENT OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT. IF YOU SUPERVISED EMPLOYEES, PELASE INDICATE THE NUMBER AND TYPE OF WORK THEY PERFORMED. IF APPLYING FOR A COMPUTER INFORMATION SPECIALIST POSITION, PLEASE LIST THE SOFTWARE AND COMPUTER LANGUAGES USED, THE PERCENT OF TIME SPENT USING, AND AN EXPLANATION OF HOW USED.	
FROM: MO/YR	TO: MO/YR		
HOURS PER WEEK	LAST MO. SALARY		
SUPERVISOR'S NAME	PHONE		
MAY WE CONTACT YOUR SUPERVISOR <input type="checkbox"/> YES <input type="checkbox"/> NO      IF NO, WHY?			
REASON FOR LEAVING			