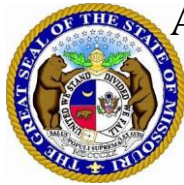


FIFTH CIRCUIT JUVENILE OFFICE



Application for Employment

An Equal Opportunity Employer
411 Jules, #3, St. Joseph, MO 64501
Phone: (816) 271-1421 Fax: (816) 271-1566
Andrew County Phone: (816) 324-5908

Date of Application:

Last Name: _____ First Name: _____ Middle Name: _____
Date of Birth: _____ SSN: _____ Other Names: _____
Current Address: _____
Home Phone: _____ Cell Phone: _____

Do you have a valid Driver's License? Yes No
License Number: _____ State Issued: _____ Expiration Date: _____
Are you 18 years of age or older? Yes No

If hired, can you provide written evidence that you are authorized to work in the United States? Yes No
Have you ever been convicted of a law violation (other than a minor traffic violation)? Yes No
If yes, please explain: (A criminal record does not automatically bar employment.)

Type of work desired: _____ Salary Requirement: _____ Date available to work: _____
Type of employment: Full Time Part Time Other
Will you work weekends if necessary? Yes No Are you willing to travel if it is required? Yes No
Will you need a leave of absence within the next twelve months? Yes No
Explain: _____

Are you related by blood or marriage to a current employee of the Fifth Circuit Juvenile Office? Yes No
Please Specify: _____
Are you presently employed? Yes No May we contact your present employer? Yes No
How were you referred to our organization? _____
Have you ever been employed with the State of Missouri? Yes No
Please Specify: _____

Can you type? Yes No WPM: _____

Education

High School Name: _____ Location: _____
Course: _____ Years Completed: _____ Degree: _____
College Name: _____ Location: _____
Course: _____ Years Completed: _____ Degree: _____
Technical or Other Name: _____ Location: _____
Course: _____ Years Completed: _____ Degree: _____
Special Skills: _____

Employment History

Company Name: _____ Address: _____
Position: _____ Start Date: _____ End Date: _____ Rate of Pay: _____
Job Duties: _____
Reason for Leaving: _____

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Position: _____ Start Date: _____ End Date: _____ Rate of Pay: _____
Job Duties: _____
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References (Do not include relatives or former employers)

Name: _____ Occupation: _____ Years Known: _____
Address: _____ Phone: _____

Name: _____ Occupation: _____ Years Known: _____
Address: _____ Phone: _____

Name: _____ Occupation: _____ Years Known: _____
Address: _____ Phone: _____

I certify that the statements contained herein are true. I understand that false or incomplete statements herein or in any resume or attachments I have supplied are grounds for dismissal. I agree that a thorough investigation of my background may be made and used relative to my employment status. I authorize my former employers and any other persons or organizations to provide any information they have about my background, and I release all concerned from any liability in connection therewith. If employment is offered, I understand that I will be physically examined and given a drug screen, and that my employment is dependent upon my successfully passing both the examination and drug screen.

Signature _____

Date _____

All applications will be kept on file for a period of one year. After this time a new application must be submitted.