



STATE TAX COMMISSION OF MISSOURI

301 West High Street, Room 840
P.O. Box 146
Jefferson City, Missouri 65102-0146
Office (573) 751-2414 Fax (573) 751-1341
http://www.stc.mo.gov/

An Equal Opportunity/Affirmative Action Employer

Application for Employment
Please Type or Print in Ink

IDENTIFICATION

Position Applying for:

Last Name First Middle

Address Street City State Zip

Work Phone Home Phone E-mail Address

May we contact you at work? Yes No

Other names in which employment, military or education records may be found:

When would you be able to start work? Minimum salary expectation:

EDUCATION (If more space is needed, attach additional sheets of paper.)

Elementary / Secondary - check highest grade completed:
9 10 11 12

College - check highest year completed:
1 2 3 4 5 6

Do you have a high school diploma or equivalent? Yes No

Please list all education beginning with high school and indicate any diplomas or degrees completed.

Table with 4 columns: Name, Location, Course of Study, Degree/Diploma. Rows include High School, Technical/Vocational School, College, and Other.

CERTIFICATES/LICENSES

List all valid professional licenses/registrations or certificates you hold which you feel are relevant to the position for which you are applying. Include the certification/registration number and expiration date. Copies of certificates/licenses must be attached.

**SKILLS**

What office equipment can you operate efficiently?

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List software with which you are proficient:

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**EXPERIENCE RECORD – Paid and Volunteer.** (If more space is needed, attach additional sheets of paper.)

Employer \_\_\_\_\_ Employment dates \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
month year month year

Address (Street, City, State & Zip Code) \_\_\_\_\_ May we contact for references? Yes \_\_\_\_\_ No \_\_\_\_\_

Title of position you held \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Supervisor's telephone number \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Number of hours worked per week \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Describe Duties: \_\_\_\_\_

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Employer \_\_\_\_\_ Employment dates \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
month year month year

Address (Street, City, State & Zip Code) \_\_\_\_\_ May we contact for references? Yes \_\_\_\_\_ No \_\_\_\_\_

Title of position you held \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Supervisor's telephone number \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Number of hours worked per week \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Describe Duties: \_\_\_\_\_

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Employer \_\_\_\_\_ Employment dates \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
month year month year

Address (Street, City, State & Zip Code) \_\_\_\_\_ May we contact for references? Yes \_\_\_\_\_ No \_\_\_\_\_

Title of position you held \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Supervisor's telephone number \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Number of hours worked per week \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Describe Duties: \_\_\_\_\_

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