



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 Social Security Number

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?

List software with which you are proficient:

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: _____

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: _____

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: _____

REFERENCES List individuals other than former employees or relatives.

Name Street Occupation

City, State and Zip Telephone Number

Name Street Occupation

City, State and Zip Telephone Number

PERSONAL DATA Before any applicant is considered for employment with the State Tax Commission the Commission will:
1) conduct a criminal background check, 2) ensure that your state taxes have been filed and paid for the past 5 years, 3) ensure that all other fees, penalties, and monies due to Department of Revenue are paid in full.

Have you ever been convicted or pled guilty or nolo contendere to any felony? Yes _____ No _____
If yes, list all such cases in the "Remarks" section and in each case give:

- 1. The date, court, and county location;
- 2. The nature (type) of offense or violation (stealing, burglary, etc.);
- 3. The penalty imposed (disposition)

Conviction of a violation of the law is not an automatic bar to employment. Each case is considered on its individual merits; however, falsification of the application will result in disqualification. (Suspended execution of a sentence is a conviction.)

Are you authorized to work in the United States? Yes _____ No _____

Are you willing to travel if the position requires it? Yes _____ No _____

Remarks: _____

APPLICANT CERTIFICATION

I hereby certify that this application contains no willful misrepresentations or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification as to material fact, my application will be rejected and/or I will be terminated from my position.

X _____
ORIGINAL SIGNATURE DATE

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize my previous employers or any educational institutions I have attended to release to the State Tax Commission's authorized representative any information they may have regarding my character, academic record or employment history, whether on record or not. I also authorize any enforcement agency, or the Department of Revenue or other motor vehicle regulatory agency to allow any authorized representative of the State Tax Commission to examine, copy or receive any records pertaining to me regarding convictions, driving, or tax compliance records. By authorizing the above, I agree to hold harmless any individual, partnership, corporation, educational institution or agency, its officers, agents and employees from any liability for any damage whatsoever for issuing such information.

X _____
ORIGINAL SIGNATURE DATE

STATEMENT OF NONDISCRIMINATION: The State Tax Commission does not discriminate on the basis of race, sex, age, national origin, religion, disability, or status as a veteran. Any persons having inquiries concerning the State Tax Commission's compliance with this nondiscrimination resolution is encouraged to contact the State Tax Commission, Personnel Office, Harry S. Truman Building, P.O. Box 146, Jefferson City, Missouri 65102-0146, (573) 751-2414.

