



**OFFICE OF THE MISSOURI STATE AUDITOR**  
**APPLICATION FOR EMPLOYMENT**  
*"AN EQUAL OPPORTUNITY EMPLOYER"*

**INSTRUCTIONS**

Please answer all questions as completely as possible. The use of this form does not necessarily indicate that positions are open, nor does it constitute an offer or a contract of employment.  
Please type, print, or write legibly in ink. All information will be treated confidentially.

**IDENTIFICATION**

NAME (LAST, FIRST, MIDDLE)			SOCIAL SECURITY NUMBER
Last	First	Middle	
PRESENT MAILING ADDRESS			HOME PHONE NUMBER
CITY, STATE, ZIP			BUSINESS PHONE NUMBER
PERMANENT MAILING ADDRESS (IF DIFFERENT THAN PRESENT)			OTHER PHONE NUMBER
CITY, STATE, ZIP			PLEASE INDICATE BEST DAYTIME CONTACT NUMBER ___ HOME ___ BUSINESS ___ OTHER
OTHER NAMES IN WHICH EMPLOYMENT OR EDUCATION RECORDS MAY BE FOUND			

WOULD YOU LIKE TO REQUEST AN ACCOMODATION? \_\_\_ YES \_\_\_ NO IF YES, PLEASE EXPLAIN

**POSITION AND AVAILABILITY**

TITLE OF POSITION(S) APPLIED FOR	SALARY EXPECTATIONS \$
HOW DID YOU LEARN OF THIS POSITION?	DATE AVAILABLE FOR EMPLOYMENT
HAVE YOU PREVIOUSLY APPLIED FOR A POSITION WITH THIS OFFICE? ___ YES ___ NO YEAR _____	
OFFICE LOCATION PREFERENCE (CHECK ALL THAT APPLY) ___ JEFFERSON CITY ___ ST. LOUIS ___ KANSAS CITY ___ SPRINGFIELD	
DO YOU HAVE ANY RELATIVES WORKING FOR THE STATE AUDITOR'S OFFICE, OTHER AREAS OF MISSOURI STATE GOVERNMENT OR LOCAL GOVERNMENT? ___ YES ___ NO IF SO, PLEASE LIST	
ARE YOU A U.S. CITIZEN, OR DO YOU HAVE THE LEGAL RIGHT TO REMAIN AND WORK IN THE UNITED STATES? ___ YES ___ NO	

**EDUCATION**HIGH SCHOOL GRADUATE OR  
GENERAL EDUCATION DEVELOPMENT  
TEST PASSED ? \_\_\_\_ YES \_\_\_\_ NO

NAME OF HIGH SCHOOL

CITY AND STATE

**POST HIGH SCHOOL EDUCATION (attach additional sheets if necessary)****\*PLEASE ATTACH COPY OF TRANSCRIPTS\***

Undergraduate	Institution Name and Address	Attendance	Grade Point Averages / Hours*
Major		From _____	Accounting GPA _____
		To _____	Overall GPA _____
Minor		Month and Year of Graduation _____	Total hours of accounting upon completion of degree _____
		_____	Approximate employment hours per week _____
Graduate	Institution Name and Address	Attendance	Grade Point Averages / Hours
Degree		From _____	Accounting GPA _____
		To _____	Overall GPA _____
		Month and Year of Graduation _____	Graduate accounting hours _____
		_____	Approximate employment hours per week _____

SCHOLASTIC HONORS, AWARDS, PROFESSIONAL SOCIETIES, ETC.

ARE YOU A LICENSED CPA? \_\_\_\_ YES \_\_\_\_ NO CERTIFICATE NUMBER \_\_\_\_\_

IF NO, PLEASE LIST ANY PARTS COMPLETED

DO YOU PLAN TO BECOME A CPA? \_\_\_\_ YES \_\_\_\_ NO

DO YOU HAVE OR PLAN TO OBTAIN OTHER LICENSES OR CERTIFICATIONS? \_\_\_\_ YES \_\_\_\_ NO

IF YES, PLEASE LIST

\*Please provide an official transcript from each undergraduate and graduate institution you attended.

**EMPLOYMENT RECORD**

Please list your work experience, starting with the most recent. Include both full-time and part-time positions.  
Attach additional sheets if necessary.

EMPLOYER'S NAME		TELEPHONE
ADDRESS		DATES OF EMPLOYMENT (Month/Year) From                      To
KIND OF BUSINESS	MONTHLY SALARY \$	HOURS PER WEEK
JOB TITLE AND BRIEF DESCRIPTION OF DUTIES		
REASON FOR LEAVING		DISMISSED OR ASKED TO RESIGN ? _____ YES        _____ NO
NAME OF SUPERVISOR	MAY WE CONTACT YOUR SUPERVISOR? _____ YES        _____ NO	TELEPHONE

EMPLOYER'S NAME		TELEPHONE
ADDRESS		DATES OF EMPLOYMENT (Month/Year) From                      To
KIND OF BUSINESS	MONTHLY SALARY \$	HOURS PER WEEK
JOB TITLE AND BRIEF DESCRIPTION OF DUTIES		
REASON FOR LEAVING		DISMISSED OR ASKED TO RESIGN ? _____ YES        _____ NO
NAME OF SUPERVISOR	MAY WE CONTACT YOUR SUPERVISOR? _____ YES        _____ NO	TELEPHONE

EMPLOYER'S NAME		TELEPHONE
ADDRESS		DATES OF EMPLOYMENT (Month/Year) From                      To
KIND OF BUSINESS	MONTHLY SALARY \$	HOURS PER WEEK
JOB TITLE AND BRIEF DESCRIPTION OF DUTIES		
REASON FOR LEAVING		DISMISSED OR ASKED TO RESIGN ? _____ YES        _____ NO
NAME OF SUPERVISOR	MAY WE CONTACT YOUR SUPERVISOR? _____ YES        _____ NO	TELEPHONE

HAVE YOU EVEN BEEN DISMISSED FROM ANY POSITION ?    \_\_\_ YES    \_\_\_ NO    IF SO, WHAT ORGANIZATION?

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## REFERENCES

Please list three references who are familiar with your qualifications.  
Do not include former employers, relatives or more than one college faculty member.

NAME	TELEPHONE NUMBER	TITLE OR OCCUPATION
NAME	TELEPHONE NUMBER	TITLE OR OCCUPATION
NAME	TELEPHONE NUMBER	TITLE OR OCCUPATION

I HEREBY CERTIFY that all information made on or in connection with this application is true and complete to the best of my knowledge and belief and that I have not knowingly withheld any fact or circumstance. I understand that any misrepresentation or concealment of material fact will be sufficient ground for rejection of this application, or removal from employment.

\_\_\_\_\_  
Date

CHECK YOUR APPLICATION! BE SURE YOU HAVE FILLED IT IN COMPLETELY.

**Please return application with resumé and applicable transcripts to :**

**Office of the Missouri State Auditor**

**301 West High Street, Room 880**

**P.O. Box 869**

**Jefferson City, MO 65102**

**Phone: 573-751-4213**

**Fax: 573-751-7984**

**Web Site: <http://www.auditor.mo.gov>**

**Email: [recruiter@auditor.mo.gov](mailto:recruiter@auditor.mo.gov)**

**The Office of the State Auditor is an Equal Opportunity Employer**