



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 _____	WOULD YOU ACCEPT 75% TRAVEL? ___ YES ___ NO

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

EDUCATIONHIGH 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?		

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

The Office of the State Auditor is an Equal Opportunity Employer