



APPLICATION FOR NONPARTISAN STATE DEMOGRAPHER

The nonpartisan state demographer is an employee of the state of Missouri and is not an employee of the State Auditor's Office.

INSTRUCTIONS

All applicants for the position of nonpartisan state demographer must complete the application. Please answer all questions completely and honestly and attach any additional information relevant to the position. The use of this application form does not constitute an offer or a contract of employment. Criminal background checks of any and all applicants will be conducted by the Missouri State Highway Patrol. All applications and required supplemental information must be received by December 4, 2019. All applications will be publically available and will be posted on the State Auditor's Office official website, with certain personal information redacted.

Applications are received and reviewed by the Quality Control Team of the State Auditor's Office. The Quality Control Team will provide an email notification to each applicant acknowledging receipt of application. Any follow-up questions or inquiries of applicants will be conducted by the Quality Control Team via email. If an applicant fails to provide all required information, the Quality Control Team will send a request via email to the applicant requesting the missing information. All missing information must be provided no later than December 12, 2019. The State Auditor's Office will not conduct interviews of applicants.

Under Section 127.020 RSMo, each applicant will be required to file a financial interest statement no later than 14 days after the State Auditor's Office has delivered the list of applicants to the majority leader and minority leader of the state senate. Financial interest statements are to be filed with both the Missouri Ethics Commission and the Secretary of the Senate. The State Auditor's Office will inform applicants when it submits the list to the majority leader and minority leader of the state senate.

The State Auditor's Office recommends that you download the application form PDF file to your local computer before opening it. For Windows, right click on the title link > Select "Save Target As" (Internet Explorer) or "Save Link As" (Firefox/Chrome) when presented with a menu and save the form to a location on your hard drive. For Mac, (option-clicking on the Mac will automatically save the file locally). Use Adobe Acrobat Reader DC to open, fill out, and save the form after downloading. Adobe Acrobat Reader DC is a free [download](#). This form can be filled out electronically or handwritten. Enter applicable information into each of the fields. When complete, save the form and then print it and sign it. The signed form can then be mailed to the address indicated at the end of this form or scanned back in a PDF format and emailed to the address indicated at the end of this form.

DUTIES

All duties of the nonpartisan state demographer are outlined in Article III, Section 3, of the Missouri Constitution. You may view those duties by clicking [here](#). In addition, Sections 105.483 and 127.010 to 127.040, RSMo, provide additional requirements of the nonpartisan state demographer. You may view those sections by clicking [here](#) and [here](#).

QUALIFICATIONS

The following minimum qualifications will determine application advancement:

A master's degree from an accredited college or university in Demography, Geography, Statistics, Economics, Sociology, Urban Planning, Anthropology, Epidemiology, or Actuarial Science, which included coursework in demographic or statistical analysis; and, three or more years of professional experience in demography, statistics, economics, geography, or research, including work in modeling, analysis, forecasting and project management, and utilizing geographic information systems (GIS), database, and statistical software applications.

OR

A bachelor's degree from an accredited college or university in Demography, Geography, Statistics, Economics, Sociology, Urban Planning, Anthropology, Epidemiology, or Actuarial Science, which included coursework in demographic or statistical analysis; and, five or more years of professional experience in demography, statistics, economics, geography, or research, including work in modeling, analysis, forecasting, and project management, and utilizing geographic information systems (GIS), database, and statistical software applications.

(24 earned graduate credit hours from an accredited college or university in the specified areas may substitute for one year of the required experience.)

IDENTIFICATION (Attach additional sheets if necessary)

Full Name	Home or Cell Phone
Mailing Address	Work Phone
City, State, Zip	Email Address

Other names under which employment or education records may be found

Are you a resident of the state of Missouri? Yes No If Yes, please provide your residential address (if different from the mailing address above).

Residential Address (if different than above)

City, State, Zip

NON-PUBLIC IDENTIFICATION INFORMATION

Please answer all questions on the attached non-public addendum.

BACKGROUND (Attach additional sheets if necessary)

Have you previously applied for a position with Missouri state government? Yes No If Yes, please list positions and dates applied / employed.

Position	Dates Applied/Employed
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Position	Dates Applied/Employed
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Position	Dates Applied/Employed
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Do you have any relatives working for Missouri state government or local government? Yes No If Yes, please list.

Relative / Position	Relative / Position	Relative / Position
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Are you a U.S. citizen or do you have the legal right to remain and work in the United States? Yes No

Have you ever pled guilty or been convicted of a felony? Yes No If Yes, please list and explain.

Felonies

Have you ever been a party to litigation in the state of Missouri? Yes No If Yes, please submit a list with the application and explain.

Are you presently or have you ever been an elected or appointed public official in the state of Missouri? Yes ___ No ___		If Yes, please list offices and dates held.
Office and Dates Held	Office and Dates Held	
Office and Dates Held	Office and Dates Held	
Have you ever been fined by the Missouri Ethics Commission for any campaign or ethics violation(s)? Yes ___ No ___		If Yes, please list and explain.
Campaign or Ethics Violation	Campaign or Ethics Violation	

EDUCATION (Attach additional sheets if necessary)

Undergraduate Degree Achieved	Institution Name
Institution Address	Attendance From: _____ To: _____
Graduate Degree Achieved	Institution Name
Institution Address	Attendance From: _____ To: _____

Please also submit a copy of undergraduate/graduate transcripts

EMPLOYMENT RECORD (Attach additional sheets if necessary)

Please list your work experience, starting with the most recent.

1. Employer's Name	Phone
Address	Dates of Employment (Month/Year) From _____ To _____
Kind of Business	Full Time ___ Part Time ___ Seasonal ___
Job Title and Brief Description of Duties / Project Name and Entity Role	
Reason The Employment Ceased	

2. Employer's Name	Phone
Address	Dates of Employment (Month/Year) From _____ To _____
Kind of Business	Full Time _____ Part Time _____ Seasonal _____
Job Title and Brief Description of Duties / Project Name and Entity Role	
Reason The Employment Ceased	

3. Employer's Name	Phone
Address	Dates of Employment (Month/Year) From _____ To _____
Kind of Business	Full Time _____ Part Time _____ Seasonal _____
Job Title and Brief Description of Duties / Project Name and Entity Role	
Reason the Employment Ceased	

4. Employer's Name	Phone
Address	Dates of Employment (Month/Year) From _____ To _____
Kind of Business	Full Time _____ Part Time _____ Seasonal _____
Job Title and Brief Description of Duties / Project Name and Entity Role	
Reason the Employment Ceased	

REFERENCES (Attach additional sheets if necessary)

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

Name	Phone	Title or Occupation / Type of Business
Name	Phone	Title or Occupation / Type of Business
Name	Phone	Title or Occupation / Type of Business

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 am not misrepresenting or concealing any material fact in this application. I acknowledge and agree to this application being publically available at www.auditor.mo.gov with the exception that certain personal identifying information is removed/redacted.

Signature

Date

Print Name

Please return application with resume and applicable transcripts to:

Quality Control Team
301 West High Street, Room 880
P.O. Box 869
Jefferson City, MO 65102
Phone: 573.751.8825 Fax: 573.751.7984
Email: demographerapp@auditor.mo.gov

The State of Missouri is an Equal Opportunity Employer



NON-PUBLIC ADDENDUM

NON-PUBLIC IDENTIFICATION INFORMATION (Attach additional sheets if necessary)

Full Name	Social Security Number
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Would you like to request an accommodation? Yes ___ No ___	If yes, please explain below:
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Accommodation Explanation