Print Form

MSPD
MISSOURI STATE PUBLIC DEFENDER

Woodrail Centre
1000 West Nifong, Bldg.7, Ste. 100
Columbia, MO 65203-5661
TTY/TTD (Hearing/Speech Impaired):
www.publicdefender.mo.gov

Phone: (573) 777-9977
Fax: (573) 777-9976
(800) 735-2966
Human.Resources@mspd.mo.gov

APPLICATION FOR EMPLOYMENT

Print in black ink or type answers to every question. All sections of the application must be completed.

Submit the application to the mailing address, fax number, or email address above. Individuals with disabilities should contact Human Resources at (573) 777-9977 if accommodations or assistance is needed in any phase of the employment process.

PERSONAL DATA

LAST NAME | FIRST NAME | MIDDLE INITIAL

SOCIAL SECURITY NUMBER | OTHER NAMES IN WHICH RECORDS MAY BE FOUND | PREFERRED NAME, IF DIFFERENT

PERMANENT ADDRESS (number & street) | CITY | STATE | ZIP | TELEPHONE

TEMPORARY ADDRESS (if applicable) | CITY | STATE | ZIP | TELEPHONE

EMAIL ADDRESS | ALTERNATE CONTACT PHONE NUMBER | MAY WE CONTACT YOU AT WORK? ☐ YES ☐ NO

POSITION APPLIED FOR (please be specific) | MINIMUM SALARY REQUIREMENT $ | EARLIEST EMPLOYMENT DATE AVAILABLE: ☐ ON OR AFTER (Date): _____ ☐ AFTER TWO-WEEK NOTICE

TYPE OF POSITION WILL CONSIDER: ☐ FULL TIME ☐ PART TIME | SPECIFY DAYS & HOURS IF PART TIME

HAVE YOU EVER WORKED IN A PAID, CONTRACT, CLINICAL, OR VOLUNTEER CAPACITY WITH OUR AGENCY? ☐ YES ☐ NO | IF YES, LIST THE NATURE OF POSITION, OFFICE LOCATION, AND APPROXIMATE DATES OF EMPLOYMENT

HAVE YOU EVER WORKED FOR ANOTHER STATE AGENCY IN MISSOURI? ☐ YES ☐ NO | IF YES, LIST THE DATES OF EMPLOYMENT AND AGENCY

NAMES OF ANY RELATIVES EMPLOYED BY THIS AGENCY
(NAME) (RELATIONSHIP)

PLEASE CHECK ALL LOCATIONS YOU WILL CONSIDER FOR EMPLOYMENT

CENTRAL REGION:	EASTERN REGION:	NORTHERN REGION:	SOUTHEASTERN REGION:	SOUTHWESTERN REGION:	WESTERN REGION:
☐ Columbia	☐ Farmington	☐ Chillicothe	☐ Cape Girardeau	☐ Ava	☐ Harrisonville
☐ Fulton	☐ Hillsboro	☐ Hannibal	☐ Caruthersville	☐ Bolivar	☐ Kansas City
☐ Jefferson City	☐ Rolla	☐ Kirksville	☐ Kennett	☐ Carthage	☐ Liberty
☐ Moberly	☐ St. Charles	☐ Maryville	☐ Poplar Bluff	☐ Lebanon	☐ Nevada
☐ Sedalia	☐ St. Louis City		☐ West Plains	☐ Monett	☐ St. Joseph
	☐ St. Louis County			☐ Springfield	
	☐ Troy				
	☐ Union				

COMMENTS/INFORMATION
ABOUT LOCATION PREFERENCE: _____

ENTER YOUR NAME HERE: Last Name: _____ First Name: _____ Middle Initial: _____

EDUCATION

	NAME & LOCATION OF SCHOOL	HIGH SCHOOL GRADUATE OR HIGH SCHOOL EQUIVALENCY
HIGH SCHOOL		☐ YES ☐ NO

	NAME & LOCATION OF SCHOOL	FROM	TO	MAJOR/ MINOR	DEGREE (OR HIGHEST GRADE COMPLETED)
COLLEGE/ PROFESSIONAL & OTHER SPECIAL TRAINING					

LIST ANY SCHOLARSHIPS, ACADEMIC HONORS, AWARDS OR SPECIAL ACHIEVEMENTS

ATTORNEY APPLICANTS ONLY	ARE YOU LICENSED TO PRACTICE LAW IN THE STATE OF MISSOURI AND CURRENTLY IN GOOD STANDING WITH THE MISSOURI BAR? ☐ YES ☐ NO	IF YES, LIST MISSOURI BAR NUMBER
	IF NOT CURRENTLY LICENSED IN MO, WHEN DO YOU ANTICIPATE LICENSURE TO PRACTICE LAW IN THE STATE OF MISSOURI?	IF LICENSED IN ANOTHER STATE, PLEASE INDICATE STATE(S) OF LICENSURE

EMPLOYMENT HISTORY

PROVIDE EMPLOYMENT INFORMATION FOR LAST 10 YEARS, BEGINNING WITH CURRENT OR MOST RECENT EMPLOYER. ATTACH ADDITIONAL SHEETS IF NECESSARY. **NOTE: A RESUME MAY NOT BE SUBSTITUTED FOR THE INFORMATION REQUIRED IN THIS APPLICATION.**

CURRENT OR MOST RECENT - NAME OF EMPLOYER TELEPHONE (include area code)

ADDRESS (number & street) CITY STATE ZIP IMMEDIATE SUPERVISOR

EMPLOYMENT DATES (MONTH & YEAR) FROM: TO: TITLE OF POSITION SALARY AT START **$** SALARY AT END **$**

DESCRIPTION OF DUTIES

REASON FOR SEEKING OTHER EMPLOYMENT

MAY WE CONTACT THIS EMPLOYER?

☐ YES ☐ NO If no, please explain:

NAME OF EMPLOYER TELEPHONE (include area code)

ADDRESS (number & street) CITY STATE ZIP IMMEDIATE SUPERVISOR

EMPLOYMENT DATES (MONTH & YEAR) FROM: TO: TITLE OF POSITION SALARY AT START **$** SALARY AT END **$**

DESCRIPTION OF DUTIES

REASON FOR CHANGE OR LEAVING

MAY WE CONTACT THIS EMPLOYER?

☐ YES ☐ NO If no, please explain:

EMPLOYMENT HISTORY (continued)

NAME OF EMPLOYER TELEPHONE (include area code)

ADDRESS (number & street) CITY STATE ZIP IMMEDIATE SUPERVISOR

EMPLOYMENT DATES (MONTH & YEAR) TITLE OF POSITION SALARY AT START SALARY AT END
FROM: TO: $ $

DESCRIPTION OF DUTIES

REASON FOR CHANGE OR LEAVING

MAY WE CONTACT THIS EMPLOYER?
YES NO If no, please explain:

NAME OF EMPLOYER TELEPHONE (include area code)

ADDRESS (number & street) CITY STATE ZIP IMMEDIATE SUPERVISOR

EMPLOYMENT DATES (MONTH & YEAR) TITLE OF POSITION SALARY AT START SALARY AT END
FROM: TO: $ $

DESCRIPTION OF DUTIES

REASON FOR CHANGE OR LEAVING

MAY WE CONTACT THIS EMPLOYER?
YES NO If no, please explain:

MILITARY SERVICE

HAVE YOU SERVED IN THE U.S. ARMED FORCES? PERIOD OF ACTIVE DUTY (MONTH/YEAR)
YES NO

BRANCH OF SERVICE DATE OF FINAL DISCHARGE RANK AT TIME OF DISCHARGE

DO YOU HAVE ANY EXPERIENCE FROM MILITARY SERVICE THAT WOULD BE RELEVANT TO THE POSITION(S) FOR WHICH YOU ARE APPLYING?

SKILLS

PLEASE INDICATE SKILL BY CHECKING THE APPROPRIATE BOXES:

TYPING WORD PROCESSING COMPUTER SOFTWARE

_____ W.P.M. LIST SOFTWARE:_____

OTHER OFFICE EQUIPMENT YOU ARE FAMILIAR WITH

LIST FOREIGN LANGUAGES THAT YOU SPEAK OR READ PROFICIENTLY

ARE THERE ANY OTHER EXPERIENCES, SKILLS, OR QUALIFICATIONS THAT YOU THINK WOULD ESPECIALLY PREPARE YOU FOR WORK WITH THIS DEPARTMENT?

REFERENCES

DO NOT LIST RELATIVES. INCLUDE INDIVIDUALS WHO HAVE KNOWLEDGE OF YOUR BACKGROUND.

NAME	ADDRESS	TELEPHONE (include area code)
OCCUPATION	RELATIONSHIP TO REFERENCE	
NAME	ADDRESS	TELEPHONE (include area code)
OCCUPATION	RELATIONSHIP TO REFERENCE	
NAME	ADDRESS	TELEPHONE (include area code)
OCCUPATION	RELATIONSHIP TO REFERENCE	

APPLICANT CERTIFICATION

- I certify that all of the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that if I am employed, any falsification, misrepresentation, or omission on this application shall be considered sufficient cause for dismissal.
- If employed by the Public Defender, I understand that my employment would be "at will" and could be terminated at any time by either party, with or without cause.
- State law requires all state employees to file all state income tax returns and pay all state income taxes owed. I understand that verification of taxes owed will be conducted by the state and failure to satisfy any liability or payment owed will result in termination of employment.
- The U.S. Military Selective Service act requires males age 18 through 26 to register with the Selective Service Administration. I certify that I am registered with the Selective Service Administration if I am subject to this act.

SIGNATURE DATE

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the Missouri State Public Defender System to make any investigations regarding my personal history. This includes the thorough investigation of my references, work record, education and any information necessary in arriving at an employment decision. I further authorize my previous employers to release to the Public Defender System any information they may have regarding my character or employment history, whether on record or not. I hereby release the Public Defender System, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

SIGNATURE DATE

Applications will remain on file for 120 days in order to maintain control of document flow. An applicant may request to reactivate an application every 120 days, not to exceed 1 year.

THE MISSOURI STATE PUBLIC DEFENDER SYSTEM IS AN EQUAL OPPORTUNITY EMPLOYER. APPLICANTS WILL RECEIVE CONSIDERATION FOR POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, DISABILITY, AGE, SEX, SEXUAL ORIENTATION, MARITAL STATUS, VETERAN STATUS OR ANY OTHER STATUS PROTECTED UNDER LOCAL, STATE, OR FEDERAL LAWS.