



MISSOURI PROPANE SAFETY COMMISSION

4110 Country Club Drive, Suite 200, Jefferson City, MO 65109-0302
admin@mopropanesc.org Phone: 573-893-1073 FAX: 573-893-1074

APPLICATION FOR EMPLOYMENT

APPLICANT			
Last Name	First	M.I.	Date
Street Address	Apt./Unit #	County	
City	State	ZIP	
Daytime Phone ()	E-mail Address		
Cell/Other Phone ()	Social Security No.	Desired Annual Salary \$	
Date Available	Position for which You are Applying		
What interests you about this job?			
Travel Limitations			
Can you legally work in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>	How were you referred to us?		
Have you ever been convicted of a criminal offense? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain.			

EDUCATION			
High School	City & State		
Last Year Completed 1 2 3 4	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
College	City & State		
Last Year Completed 1 2 3 4	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
Other	City & State		
Last Year Completed 1 2 3 4	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
Job Related Classes/Training			

REFERENCES <i>(List three professional references who can attest to your work. You may include coworkers and customers. Do not include relatives, or past or present immediate supervisors.)</i>	
Full Name	Relationship
Company	Daytime Phone ()
City, State, Zip	
Full Name	Relationship
Company	Daytime Phone ()
City, State, Zip	
Full Name	Relationship
Company	Daytime Phone ()
City, State, Zip	

EMPLOYMENT *(Include 20 years employment history starting with present or most recent. Attach additional sheet if needed.)*

Company		Phone ()	
Address		City, State, ZIP	
Job Title		Immediate Supervisor	
Responsibilities		Starting Annual Salary \$	
		Ending Annual Salary \$	
From	To	Reason for Leaving	
May we contact your immediate supervisor? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, explain.			

Company		Phone ()	
Address		City, State, ZIP	
Job Title		Immediate Supervisor	
Responsibilities		Starting Annual Salary \$	
		Ending Annual Salary \$	
From	To	Reason for Leaving	
May we contact your immediate supervisor? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, explain.			

Company		Phone ()	
Address		City, State, ZIP	
Job Title		Immediate Supervisor	
Responsibilities		Starting Annual Salary \$	
		Ending Annual Salary \$	
From	To	Reason for Leaving	
May we contact your immediate supervisor? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, explain.			

MILITARY SERVICE

Branch	From	To	Rank at Discharge
Type of Discharge	If other than honorable, explain.		

ADDITIONAL INFORMATION

Computer Software Experience and Levels of Proficiency

DISCLAIMER AND SIGNATURE *(Read carefully before signing. If you have questions, contact the MPSC).*

I understand that this application is not a contract of employment and does not imply that I will be employed. I certify that my answers are true and complete to the best of my knowledge. I understand that if this application leads to an offer of employment or employment, false or misleading information in my application or interview may result in withdrawal of any job offer or termination of employment.

Signature

Date