

# EMPLOYMENT APPLICATION



BOONE COUNTY  
Human Resources Department  
613 E. Ash, Room 102  
Columbia, MO 65201  
(573) 886-4395  
Fax: (573) 886-4444  
[www.showmeboone.com](http://www.showmeboone.com)

An Affirmative Action/Equal Opportunity Institution

Name: _____	_____	_____	_____	Social Security #: _____	Date: _____
( Last )	( First )	( MI )			
Address: _____	_____	_____	_____	_____	_____
( Street )	( City )	( State )	( Zip )		
Home Phone: _ ( _____ ) _____	_____	Day Phone: _ ( _____ ) _____			
May we contact you by email? ( Circle one ) :    YES    NO    If yes, email address is _____					
Job Opportunity #: _____ --- _____	_____	Position Applying for: _____	_____	Department: _____	_____

**PLEASE TYPE OR PRINT LEGIBLY IN INK.**

## Type of Employment Preferred

Indicate type of employment available to work.

- Full-time
- Part-time
- Temporary
- Summer Only
- Any of the above

Check Shifts available to work.

- 7am-3pm
- 8am-5pm
- 3pm-11:30pm
- 11pm-7:30am
- 6am-6pm
- 6pm-6am
- Weekends only
- Rotating Shift
- Other \_\_\_\_\_

How soon will you be available? \_\_\_\_\_ I do not wish to be considered for positions with a salary below \$ \_\_\_\_\_

## Education

Circle highest grade completed. 1 2 3 4 5 6 7 8 9 10 11 12 Other 1 2 College 1 2 3 4 5 6 +

Do you have a high school diploma or equivalent? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a valid Driver's License? \_\_\_\_\_ NO \_\_\_\_\_ YES If yes, state issued by: \_\_\_\_\_

If yes, circle driver's license class: A B C D E F Other \_\_\_\_\_

Endorsements? \_\_\_\_\_ Tanker \_\_\_\_\_ Air Brake Other \_\_\_\_\_

## Please list all education beginning with high school.

Name and location                      Course of Study                      Total Hours                      Degree Completed

High School

Technical/Vocational

College

College

Graduate School

***High school and/or college transcripts may be requested.***

## Employment

**List all present and previous employment experiences including military and volunteer service. Additional employment sheets are available if needed. You may attach supporting documents (resume, letter of reference, etc.) but you must complete the employment section. This information will be used in reference checks necessary for further consideration. Failure to answer all items in the following section may eliminate you from further consideration. You must list sufficient employment experience, education, skills, and certifications in the following section to document that you meet the minimum qualifications for the position(s) for which you apply.**

Employer

Job Title

If currently employed, may we contact for references? \_\_\_\_\_ Yes \_\_\_\_\_ No

Address (Street, City, State, Zip)

Salary: Beginning / Ending

( )  
Telephone

Name of Supervisor

Month Day Year To Month Day Year

Reason for Leaving

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ If part-time, how many hours per week? \_\_\_\_\_

Describe Duties: \_\_\_\_\_

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**Employer** \_\_\_\_\_ **Job Title** \_\_\_\_\_  
If currently employed, may we contact for references? \_\_\_\_Yes\_\_\_\_No

\_\_\_\_\_  
Address (Street, City, State, Zip) \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ / \_\_\_\_\_ Ending \_\_\_\_\_  
( \_\_\_\_\_ ) \_\_\_\_\_  
Telephone \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

\_\_\_\_\_  
Month Day Year To Month Day Year \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Full Time: \_\_\_\_ Part Time: \_\_\_\_ If part-time, how many hours per week? \_\_\_\_\_

Describe Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Employer** \_\_\_\_\_ **Job Title** \_\_\_\_\_  
If currently employed, may we contact for references? \_\_\_\_Yes\_\_\_\_No

\_\_\_\_\_  
Address (Street, City, State, Zip) \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ / \_\_\_\_\_ Ending \_\_\_\_\_  
( \_\_\_\_\_ ) \_\_\_\_\_  
Telephone \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

\_\_\_\_\_  
Month Day Year To Month Day Year \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Full Time: \_\_\_\_ Part Time: \_\_\_\_ If part-time, how many hours per week? \_\_\_\_\_

Describe Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Employer** \_\_\_\_\_ **Job Title** \_\_\_\_\_  
If currently employed, may we contact for references? \_\_\_\_Yes\_\_\_\_No

\_\_\_\_\_  
Address (Street, City, State, Zip) \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ / \_\_\_\_\_ Ending \_\_\_\_\_  
( \_\_\_\_\_ ) \_\_\_\_\_  
Telephone \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

\_\_\_\_\_  
Month Day Year To Month Day Year \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Full Time: \_\_\_\_ Part Time: \_\_\_\_ If part-time, how many hours per week? \_\_\_\_\_

Describe Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
If currently employed, may we contact for references? \_\_\_\_ Yes \_\_\_\_ No

Address (Street, City, State, Zip) \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ / \_\_\_\_\_ Ending \_\_\_\_\_  
( \_\_\_\_\_ )  
Telephone \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ To \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Full Time: \_\_\_\_ Part Time: \_\_\_\_ If part-time, how many hours per week? \_\_\_\_\_

Describe Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
If currently employed, may we contact for references? \_\_\_\_ Yes \_\_\_\_ No

Address (Street, City, State, Zip) \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ / \_\_\_\_\_ Ending \_\_\_\_\_  
( \_\_\_\_\_ )  
Telephone \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ To \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Full Time: \_\_\_\_ Part Time: \_\_\_\_ If part-time, how many hours per week? \_\_\_\_\_

Describe Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
If currently employed, may we contact for references? \_\_\_\_ Yes \_\_\_\_ No

Address (Street, City, State, Zip) \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ / \_\_\_\_\_ Ending \_\_\_\_\_  
( \_\_\_\_\_ )  
Telephone \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ To \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Full Time: \_\_\_\_ Part Time: \_\_\_\_ If part-time, how many hours per week? \_\_\_\_\_

Describe Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Skills and Certifications

List all valid professional licenses and registrations you hold; include the certification/registration number and the date of expiration.

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Indicate other employment skills, special training or related courses. Include any other information that would strengthen your application.

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List computer programs, operating systems, and other office equipment you have experience operating.

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## Personal Information

### CHECK ONE

Age:  Less than 14     14 - 15     16 - 17     18 - 20     21 or Over

Are you related to anyone now employed by the County of Boone?     Yes     No

If yes, name and relationship \_\_\_\_\_

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Other name(s) you have been employed under \_\_\_\_\_

Have you ever been employed by the County of Boone?  Yes     No

If yes, list department, supervisor and dates \_\_\_\_\_

Have you ever pled guilty to or been found guilty of any crime?  Yes     No    If yes, explain

(Do not include minor traffic violations, unless it involves suspension or revocation of driver's license or operating a motor vehicle under the influence of alcohol or drugs)

Are you a U.S. citizen, permanent resident, temporary resident, asylee, or refugee?     Yes     No

If not, do you have the legal right to work in the U.S.     Yes     No

If yes, type of status \_\_\_\_\_ and expiration date \_\_\_\_\_

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## References

Please list two people other than past employers or relatives.

Name \_\_\_\_\_ Address (City, State, Zip) \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Address (City, State, Zip) \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

**CONSENT TO OBTAIN  
BACKGROUND INVESTIGATION REPORTS**

I, \_\_\_\_\_, hereby authorize the County of Boone (employer) to obtain such background investigation reports on me as it deems necessary or advisable in connection with my application for employment (if I am an applicant) or at any time in connection with my employment (if I am hired or if I am a current employee). I understand that such reports are sometimes called "consumer reports" and may contain information about me concerning my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, mode of living and/or other job-related information. I understand the County of Boone (employer) is not responsible for the accuracy or completeness of the information contained in any such reports. I also understand that this consent is a continuing consent and will remain valid until such time as I inform the County of Boone (employer), in writing, that I wish to revoke this consent.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

**APPLICANT CERTIFICATION AND  
PRE-EMPLOYMENT INVESTIGATION AUTHORIZATION**

I certify that the statements contained in my employment application are correct, and if employed, understand that any false information in this application, or its supporting documents, will be sufficient grounds for termination without notice. I further agree that all rules, orders and regulations of the County of Boone affecting my employment shall constitute a part of my appointment or employment. My signature authorizes the County of Boone to review my previous employment, driving and criminal records, and other background data as it may relate to the position(s) for which I am applying.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Human Resources Use Only.**

Typing score: % \_\_\_\_\_ WPM \_\_\_\_\_ Errors \_\_\_\_\_ Correct WPM \_\_\_\_\_ Date \_\_\_\_\_

Typing score: % \_\_\_\_\_ WPM \_\_\_\_\_ Errors \_\_\_\_\_ Correct WPM \_\_\_\_\_ Date \_\_\_\_\_

## Application Referral Sources

What prompted your application?

Please choose one of the following.

\_\_\_\_\_ Boone County Staff Member: \_\_\_\_\_

\_\_\_\_\_ Other website: \_\_\_\_\_

\_\_\_\_\_ Boone County Job Posting

\_\_\_\_\_ KRCG Job Link

\_\_\_\_\_ Boone County Web Site

\_\_\_\_\_ Radio Ad: \_\_\_\_\_

\_\_\_\_\_ Newspaper Name: \_\_\_\_\_

\_\_\_\_\_ Cable Access Channel #: \_\_\_\_\_

\_\_\_\_\_ Community Contact: \_\_\_\_\_

\_\_\_\_\_ Newsletter Name: \_\_\_\_\_

\_\_\_\_\_ Missouri State Employment Service

\_\_\_\_\_ Recruitment Fair: \_\_\_\_\_

\_\_\_\_\_ Professional Publication: \_\_\_\_\_

\_\_\_\_\_ Walk-In

\_\_\_\_\_ School or University Contact: \_\_\_\_\_

Other: \_\_\_\_\_

### Affirmative Action Activity

The county of Boone is required by Federal Law to report specific information of Affirmative Action. The completion of this information is voluntary and will be kept confidential. Refusal to provide this information will not subject you to adverse treatment. NOTICE OF NONDISCRIMINATION – Applicants for employment, employees, sources of referral of applicants for employment, and all unions, are hereby notified that this institution does not discriminate on the basis of race, color, religion, national origin, ancestry, sex, age, disability or status as a disabled veteran, veteran of the Vietnam Era or sexual orientation. Any person having inquiries concerning the County of Boone’s compliance with the regulations implementing Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, or Section 504 of the Rehabilitation Act of 1973, is directed to contact the Director, Human Resources, County of Boone, 601 East Walnut, Johnson Building, 2<sup>nd</sup> Floor, Columbia, Missouri 65201, 573-886-4395.

Name: \_\_\_\_\_  
Last First MI

### Ethnic Origin (Check One)

\_\_\_\_\_ White (Not Hispanic or Latino)

Birth Date: \_\_\_\_\_  
Month Day Year

\_\_\_\_\_ Black or African-American (Not Hispanic or Latino)

\_\_\_\_\_ Hispanic or Latino

Male \_\_\_\_\_ Female \_\_\_\_\_

\_\_\_\_\_ Asian

\_\_\_\_\_ American Indian/Alaskan Native (Not Hispanic or Latino)

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

\_\_\_\_\_ Two or More Races (Not Hispanic or Latino)

<p>Yes _____ No _____ United States Veteran</p> <p>Yes _____ No _____ Vietnam Era Veteran  VIETNAM ERA VETERAN NOTE: You must have served between August 5, 1964 and May 5, 1975 and have been honorably discharged or released from duty for a service-connected disability.</p>	<p>Yes _____ No _____ U. S. Citizen</p> <p>If no, do you have an immigration status that permits you to work?  _____  Type of status and expiration date</p>
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