



EMPLOYMENT APPLICATION

Name: _____		
(Last)	(First)	(MI)
Social Security #: _____		Date: _____
Street Address: _____		
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 or Office: _____		

BOONE COUNTY
Human Resources Department
613 East Ash Street
Columbia, MO 65201
(573) 886-4395
Fax: (573) 886-4444
www.showmeboone.com

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: _____

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: _____

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: _____

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: _____

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: _____

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: _____

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: _____

Skills and Certifications

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

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

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

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 _____

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)

References

Please list three professional references.

Name #1:	Relationship:	Phone #:
	Email address:	
Name #2:	Relationship:	Phone #:
	Email address:	
Name #3:	Relationship:	Phone #:
	Email address:	

**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: _____

ALL INFORMATION WILL BE KEPT CONFIDENTIAL

Application Referral Sources

How did you hear about this position?

Please choose one of the following:

Boone County Employee (list name): _____

Boone County Job Posting (on bulletin board) Boone County Website

Columbia Tribune Newspaper Columbia Tribune Website

Missouri State Employment Service Walk-In

Indeed LinkedIn

Facebook Twitter

Other Website (list name): _____

Recruitment Fair (list location): _____

Radio Ad (list name of station): _____

Television Ad (list name of station): _____

Other (explain): _____

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, status as a disabled 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 of Human Resources, 613 Eash Ash St., Columbia, MO 65201, 573-886-4395.

Name: _____

(Last) (First) (MI)

Ethnic Origin (Check One)

White (Not Hispanic or Latino)

Black or African American (Not Hispanic or Latino)

Hispanic or Latino

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

Asian (Not Hispanic or Latino)

American Indian or Alaska Native (Not Hispanic or Latino)

Two or More Races (Not Hispanic or Latino)

Birth Date: _____ / _____ / _____ Male _____ Female _____

Month Day Year

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 _____

Are you a United States Veteran? Yes No

Are you a Vietnam Era Veteran? Yes No

(VIETNAM ERA VETERAN NOTE: You must have served between August 5, 1964 and May 5, 1975 and have been honorable discharged or released from duty for a service-connected disability.)