



MISSOURI DEPARTMENT OF HEALTH
PERSONNEL RECORD

DATE _____

PLEASE USE TYPEWRITER OR PRINT. ATTACH ADDITIONAL SHEETS IF NEEDED.

1. APPLICANT NAME (LAST, FIRST, MIDDLE, MAIDEN) _____ 2. SOCIAL SECURITY NUMBER _____

3. MAILING ADDRESS (STREET AND NUMBER, CITY, STATE, ZIP CODE) _____ COUNTY _____

4. TELEPHONE NUMBER - HOME _____ TELEPHONE NUMBER - WORK _____ 5. SEX MALE FEMALE

6. POSITION(S) APPLIED FOR OR PRESENT POSITION WITH DEPARTMENT OF HEALTH

7. CURRENT DEPARTMENT OR UNIT _____

8. HAVE YOU BEEN CONVICTED OF ANY VIOLATION OF THE LAW SINCE YOUR 16TH BIRTHDAY? YES NO
IF YES, EXPLAIN

9. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM ANY JOB? YES NO
IF YES, EXPLAIN

10. DO YOU REQUIRE ANY SPECIAL ACCOMMODATION(S) OR ADAPTATION(S) TO ASSIST YOU IN PERFORMING YOUR JOB DUTIES? YES NO
IF YES, EXPLAIN

11. ARE YOU NOW EMPLOYED? YES NO
IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

12. CAN YOU TRAVEL IF POSITION REQUIRES IT? YES NO

13. DO YOU HAVE TRANSPORTATION AVAILABLE IF YOUR JOB REQUIRES TRAVEL? YES NO

14. DATE AVAILABLE FOR WORK _____ 15. ARE YOU AVAILABLE TO WORK FULL-TIME PART-TIME TEMPORARY

16. MINIMUM STARTING SALARY YOU WILL ACCEPT \$ _____ 17. FROM WHAT SOURCE DID YOU LEARN OF THIS POSITION? _____

18. EDUCATIONAL RECORD

CIRCLE LAST GRADE COMPLETED
GRAMMAR SCHOOL 1 2 3 4 5 6 7 8 DID YOU GRADUATE? YES NO YEAR _____

HIGH SCHOOL 1 2 3 4 GED? YES NO DID YOU GRADUATE? YES NO YEAR _____

NAME OF HIGH SCHOOL _____ LOCATION _____

INDICATE NUMBER OF YEARS OF SPECIALIZED COURSES
_____ TYPING _____ SHORTHAND _____ CHEMISTRY
_____ WORD PROCESSING _____ BOOKKEEPING _____ BIOLOGY
OTHER _____

LIST OFFICE MACHINES YOU CAN OPERATE AND RATE OF SPEED _____ SHORTHAND RATE _____

COLLEGE, UNIVERSITY, VOCATIONAL SCHOOLS, ETC.

EDUCATIONAL SCHOOLS ATTENDED	FROM		TO		TOTAL SEMESTER HRS.	MAJOR SUBJECTS	DEGREE/DIPLOMA
	MO.	YR.	MO.	YR.			
NAME _____							
LOCATION _____							
NAME _____							
LOCATION _____							
NAME _____							
LOCATION _____							
NAME _____							
LOCATION _____							

19. EMPLOYMENT RECORD (including military service)

IMPORTANT: Complete following **beginning with your present employment** (or if unemployed, your most recent employment) **and list your employment record in reverse order.** If more than one position or classification has been held with a given organization, list each position or classification as a separate period of employment. Attach extra sheet if necessary.

NAME OF EMPLOYER	ADDRESS (CITY & STATE)
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DATE EMPLOYED (MONTH, YEAR)	DATE SEPARATED (MONTH, YEAR)	JOB TITLE	ENDING SALARY \$ PER
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NO. OF MONTHS FULL-TIME	NO. OF MONTHS PART-TIME	NAME AND TITLE OF SUPERVISOR	REASON FOR LEAVING
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BRIEF DESCRIPTION OF YOUR RESPONSIBILITIES

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