



MISSOURI DEPARTMENT OF TRANSPORTATION

www.modot.mo.gov

"Our mission is to provide a world-class transportation experience that delights our customers and promotes a prosperous Missouri."

For Department Use Only     
ENT PX DX

APPLICATION FOR EMPLOYMENT  
AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

PLEASE TYPE OR PRINT IN INK.  
APPLICATION MUST BE COMPLETED IN ITS ENTIRETY TO BE CONSIDERED.

Name as Printed on Social Security Card \_\_\_\_\_ Date \_\_\_\_\_  
(Last) (First) (Middle or Initial)

Social Security Number \_\_\_\_\_ County of Legal Residence \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Street, Route Number, P.O. Box, HRC) (City) (State) (Zip)

Applicant's Email Address \_\_\_\_\_

Telephone Numbers ( ) ( ) ( )  
(Home) (Cell) (Number where you can be reached regarding employment.)

Are you at least age 18? Yes  No   
Do you (or your spouse) have any relative(s) employed by the Missouri Department of Transportation? Yes  No   
If yes, give name(s) and relationship(s) to you. \_\_\_\_\_

Are you a U.S. citizen or are you legally authorized to work in the United States? Yes  No

Do you possess a valid driver's license? Yes  No   
If yes, please designate: \_\_\_\_\_

If you possess a valid CDL, provide the following details:

(State) (Number)  
Have you passed the written portion of the Commercial Driver's License (CDL) test? Yes  No   
Class A \_\_\_\_\_ Class B \_\_\_\_\_ Other \_\_\_\_\_

Date CDL Expires: \_\_\_\_\_

What endorsements do you have? \_\_\_\_\_

What CDL restrictions do you have? \_\_\_\_\_

SELECT A MAXIMUM OF THREE TYPES OF WORK IN WHICH YOU ARE INTERESTED ON THE LINES PROVIDED BELOW.  
(Refer to supplement for answers to commonly asked questions and an explanation of the types of work listed below.)

\*APPLICANTS MUST CONTACT HUMAN RESOURCES TO REQUEST CONSIDERATION FOR SPECIFIC POSITIONS THAT BECOME VACANT SUBSEQUENT TO SUBMITTING AN APPLICATION FOR EMPLOYMENT.

- |   |   |  |
|---|---|--|
| 1. Accounting/Auditing/Payroll                                    | 11. Drafting/CADD                         | 23. Mechanic/Vehicle Repair              |
| 2. <b>Archaeology (Historic Preservation)/<br/>Environmental*</b> | 12. Electrician                           | 24. Paralegal/Legal Assistant            |
| 3. Attorney   | 13. General Clerical/Secretarial          | 25. <b>Photography*</b>                  |
| 4. <b>Bridge Maintenance/Painting*</b>                            | 14. Geologist                             | 26. Planning Technician                  |
| 5. Building Maintenance and Repair                                | 15. <b>Governmental Affairs*</b>          | 27. Purchasing/Stocking Operations       |
| 6. <b>Chemist*</b>  | 16. Highway Construction Technician       | 28. Real Estate Acquisition              |
| 7. Civil Engineer**   | 17. Highway Maintenance                   | 29. Risk Management/Safety               |
| 8. Computer Information Specialist/<br>Programmer/System Support  | 18. <b>Highway Safety*</b>                | 30. Service Attendant                    |
| 9. Computer Technician  | 19. Human Resources                       | 31. <b>Sign Manufacturing*</b>           |
| 10. <b>Core Drill Operation*</b>                                  | 20. Investigation                         | 32. Surveying                            |
|   | 21. Journalism/Public Information         | 33. Transportation Enforcement Inspector |
|   | 22. Materials Testing/Inspection/Research | 34. Transportation Planning              |

\* These jobs are located at the Central Office in Jefferson City.  
\*\* Questions regarding civil engineer careers – contact civil engineer recruiter toll free at 1-877-605-1435

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ Other (state only specific position or vacancy) \_\_\_\_\_

**INDICATE TYPE(S) OF EMPLOYMENT YOU WILL ACCEPT**

- Full-Time (Ongoing in nature, 40 hours per week)
- Seasonal (Hired for a specific period – normally April to October)
- Permanent Part-Time (Ongoing position, which works less than 40 hours per week)
- Temporary (Hired on an as-needed basis)
- Intern (College student with semester hours hired to work mid-May – August, or between semester breaks)
- Summer Student
- Coop Student (Student in civil engineering, information systems, or business administration who rotates school and work schedule)
- Emergency (Hired based on sporadic needs, i.e., snow removal, etc.)

**RETURN YOUR APPLICATION, IN PERSON OR BY MAIL, TO YOUR FIRST LOCATION PREFERENCE WHERE IT WILL BE ENTERED INTO THE DEPARTMENT WIDE SYSTEM AND KEPT ON FILE FOR SIX MONTHS. MAXIMUM OF THREE LOCATIONS ONLY.**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> 1. District 1 - Northwest (St. Joseph)        | <input type="checkbox"/> 5. District 5 / Central Office (Jefferson City) | <input type="checkbox"/> 8. District 8 - Springfield Area (Springfield) |
| <input type="checkbox"/> 2. District 2 - North Central (Macon)         | <input type="checkbox"/> 6. District 6 - St. Louis Area (Chesterfield)   | <input type="checkbox"/> 9. District 9 - South Central (Willow Springs) |
| <input type="checkbox"/> 3. District 3 - Northeast (Hannibal)          | <input type="checkbox"/> 7. District 7 - Southwest (Joplin)              | <input type="checkbox"/> 10. District 10 - Southeast (Sikeston)         |
| <input type="checkbox"/> 4. District 4 - Kansas City Area (Lee Summit) |  |   |

*Applications submitted to the District 5 (Jefferson City Area) or the Central Office will be available at both locations.*

Indicate county or counties where you desire employment if not available for all counties within a district \_\_\_\_\_

Indicate the number of workdays per month of overnight travel you are willing to accept with a job:

- None       Infrequent (1-3)       Moderate (4-10)       Extensive (11-19)       Full-Time (20-21)

**EDUCATION AND TRAINING: ALL APPLICANTS MUST COMPLETE**

**Attach a reproduced copy of college transcripts, diplomas, certificates, etc.**

Type of School	Name of School	City and State	Circle Highest Year Completed				Graduated Yes <input type="checkbox"/> No <input type="checkbox"/> GED <input type="checkbox"/>	Starting Date	Ending Date	Major/Minor
			9	10	11	12				
High School/GED							XXXX	XXXX	XXXX	
College			1	2	3	4	Obtained Degree? Yes <input type="checkbox"/> No <input type="checkbox"/>			
College			1	2	3	4	Obtained Degree? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Graduate School			1	2	3	4	Obtained Degree? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Post High School Education			1	2	3	4	Obtained Degree? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Foreign Languages:

Are you Multilingual? Yes  No  If so check all that apply.

- Spanish     Sign Language (ASL)     Vietnamese     German     Slavic     French     Laotian     Other

Courses Taken:

Please check if you have taken the following courses in high school and/or college.

- Trigonometry       CADD/Microstation

If college credit is earned but no degree, indicate total number of credit hours earned. \_\_\_\_\_

How many additional credit hours do you need to receive your degree? \_\_\_\_\_

Indicate any special courses or training programs that relate to the type of employment you are seeking.

Indicate and explain any work-related skills or experience you have obtained through unpaid work, volunteer work, skills developed as a hobby, etc.

**EMPLOYMENT HISTORY: ALL APPLICANTS MUST COMPLETE**

List previous employment **beginning with your present or most recent employer**. Show all dates of unemployment. Include any military service, self-employment, and unpaid work experience. Include additional sheets, if necessary.

**NOTE: If a resume is attached, the information listed under "Employment Dates" must be filled out in its entirety.**

EMPLOYMENT DATES		DUTIES:
FROM: MO/YR	TO: MO/YR	
EMPLOYER'S NAME		
EMPLOYER'S ADDRESS		
SUPERVISOR'S NAME AND TITLE	TELEPHONE	
YOUR JOB TITLE		
BEGINNING SALARY	ENDING SALARY	
REASON FOR LEAVING		
EMPLOYMENT DATES		DUTIES:
FROM: MO/YR	TO: MO/YR	
EMPLOYER'S NAME		
EMPLOYER'S ADDRESS		
SUPERVISOR'S NAME AND TITLE	TELEPHONE	
YOUR JOB TITLE		
BEGINNING SALARY	ENDING SALARY	
REASON FOR LEAVING		
EMPLOYMENT DATES		DUTIES:
FROM: MO/YR	TO: MO/YR	
EMPLOYER'S NAME		
EMPLOYER'S ADDRESS		
SUPERVISOR'S NAME AND TITLE	TELEPHONE	
YOUR JOB TITLE		
BEGINNING SALARY	ENDING SALARY	
REASON FOR LEAVING		

**EMPLOYMENT HISTORY: ALL APPLICANTS MUST COMPLETE (Continuation)**

EMPLOYMENT DATES		DUTIES:
FROM: MO/YR	TO: MO/YR	
EMPLOYER'S NAME		
EMPLOYER'S ADDRESS		
SUPERVISOR'S NAME AND TITLE	TELEPHONE	
YOUR JOB TITLE		
BEGINNING SALARY	ENDING SALARY	
REASON FOR LEAVING		

EMPLOYMENT DATES		DUTIES:
FROM: MO/YR	TO: MO/YR	
EMPLOYER'S NAME		
EMPLOYER'S ADDRESS		
SUPERVISOR'S NAME AND TITLE	TELEPHONE	
YOUR JOB TITLE		
BEGINNING SALARY	ENDING SALARY	
REASON FOR LEAVING		

EMPLOYMENT DATES		DUTIES:
FROM: MO/YR	TO: MO/YR	
EMPLOYER'S NAME		
EMPLOYER'S ADDRESS		
SUPERVISOR'S NAME AND TITLE	TELEPHONE	
YOUR JOB TITLE		
BEGINNING SALARY	ENDING SALARY	
REASON FOR LEAVING		

Date you can begin employment: \_\_\_\_\_ Minimum salary willing to accept? \_\_\_\_\_

May our department contact your current employer? Yes  No

**SPECIAL SKILLS – LABOR AND TRADES: ONLY APPLICANTS SEEKING EMPLOYMENT IN LABOR AND TRADE JOBS ARE REQUIRED TO COMPLETE THIS SECTION (HIGHWAY MAINTENANCE, MECHANICS, ETC.)**

Check any of the following skills that you have, based on training or experience:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Auto/Truck Major Mechanical Repair | <input type="checkbox"/> Operate Backhoe                    | <input type="checkbox"/> Operate Pickup Truck          |
| <input type="checkbox"/> Auto/Truck Minor Mechanical Repair | <input type="checkbox"/> Operate Dump Truck                 | <input type="checkbox"/> Operate Snowplow              |
| <input type="checkbox"/> Carpentry                          | <input type="checkbox"/> Operate Farm Tractor               | <input type="checkbox"/> Operate Tractor/Trailer Truck |
| <input type="checkbox"/> Core Drill Operation               | <input type="checkbox"/> Operate Front End Loader           | <input type="checkbox"/> Sandblasting                  |
| <input type="checkbox"/> Electrician                        | <input type="checkbox"/> Operate Heavy Excavation Equipment | <input type="checkbox"/> Structural Steel Painting     |
| <input type="checkbox"/> Jackhammer Operation               | <input type="checkbox"/> Operate Light Excavation Equipment | <input type="checkbox"/> Surveying                     |
| <input type="checkbox"/> Landscape Construction/Maintenance | <input type="checkbox"/> Operate Motorgrader                | <input type="checkbox"/> Welding                       |
|   |   | <input type="checkbox"/> Other Skills _____            |

**SPECIAL SKILLS**

Check any of the following skills that you have, based on training or experience:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Bookkeeping      | <input type="checkbox"/> Operating Systems/Database Management | <input type="checkbox"/> Computer Programming | <input type="checkbox"/> System Administration |
| <input type="checkbox"/> End-User Support | <input type="checkbox"/> Telephone Receptionist                | <input type="checkbox"/> MS Office            | <input type="checkbox"/> Other _____           |

**PROFESSIONAL LICENSES, CERTIFICATIONS AND REGISTRATIONS**

- |   |                              |                             |   |
|---|------------------------------|-----------------------------|---|
| Registered Engineer                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, list State and Reg. No. _____                 |
| Engineer in Training                            | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, indicate Enrollment No. _____                 |
| Registered Land Surveyor                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, list State and Reg. No. _____                 |
| Licensed Attorney                               | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, list State and License No. _____              |
| Certified Real Estate Appraiser                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, indicate State, General, or Residential _____ |
| Other Certifications, Licenses or Registrations | _____                        |                             |   |

**MILITARY RECORD: ALL APPLICANTS MUST COMPLETE**

- If you are a male between 18 and 26 years of age, have you registered with the Selective Service System? Yes  No  N/A
- Have you ever served in the U.S. Military Service? Yes  No  Are you a veteran? Yes  No
- If yes: a) Were you honorably discharged? Yes  No
- b) State branch and period of active service \_\_\_\_\_

(Branch)

(Rank)

(Period of Active Service)

**NOTE:** A dishonorable or general discharge is not an absolute bar to employment and other factors will affect the final decision regarding employment.

**APPLICANT'S SIGNATURE: APPLICANT MUST SIGN APPLICATION**

I understand that my application will be **active for six months** and, upon my request, is renewable for an additional six months. I certify that the information provided herein is true and complete to the best of my knowledge. **I understand misrepresentation or omission of information on this application and/or inserts, including relatives working for the department, educational attainments, work history, professional credentials, criminal history, etc., is cause for rejection of my application or subsequent dismissal from employment.**

**SIGN WITH BLUE INK BEFORE SUBMITTING TO MODOT – HUMAN RESOURCES**

\_\_\_\_\_  
(Signature)

**Failure to complete and sign the application and the following forms: “DRUG TESTING, ALCOHOL TESTING, AND PRE-EMPLOYMENT, POST-OFFER MEDICAL EXAMINATION CONSENT; AUTHORIZATION TO RELEASE INFORMATION CONSENT”; AND BACKGROUND CHECK AUTHORIZATION will cause your application to not be considered for employment.**

**MISSOURI DEPARTMENT OF TRANSPORTATION**

**This form must be completed and returned with your application. Please be sure to sign and date.**

**DRUG TESTING, ALCOHOL TESTING, AND  
PRE-EMPLOYMENT, POST-OFFER MEDICAL EXAMINATION CONSENT**

**Drug Testing:** It is the intent of the Missouri Department of Transportation (MoDOT) to provide a drug-free workplace to protect the health and safety of employees and the general public. All applicants offered employment with the department must successfully pass a urine specimen drug test, at department expense. Applicants who fail the drug test, or applicants who refuse to be tested or fail to report for a drug test, will not be considered again for employment for a 12-month period. I understand that any employment offer will be contingent upon my passing the drug test.

I understand if I am employed in a job requiring a commercial driver’s license at the time of my termination from MoDOT, the department has my permission to release any drug test and/or alcohol test results to an employer requesting this information.

**Pre-Employment, Post-Offer Medical Examination:** Applicants offered employment with the MoDOT are required to submit to a medical examination, at department expense, to determine if they are able to perform all essential job duties, with or without reasonable accommodation. I understand that any employment offer will be contingent upon the successful completion of this pre-employment, post-offer medical examination.

---

---

**AUTHORIZATION TO RELEASE INFORMATION CONSENT**

I hereby request and authorize you to furnish MoDOT with any and all information they may request concerning my employment record, criminal record, driving record, education record, military record, and the release of any information pertaining to drug and/or alcohol testing and physical exam results with a previous employer or as part of my potential employment with MoDOT. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment with the MoDOT.

I hereby release you and your organization from any liability, which would result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as an employee of the MoDOT.

**Applicant’s Printed Name** \_\_\_\_\_  
(Last) (First) (Middle or Initial)

**Social Security Number** \_\_\_\_\_

**If you were previously employed under a different name(s), please specify** \_\_\_\_\_

**SIGN SIGNATURE WITH BLUE INK BEFORE  
SUBMITTING TO MODOT – HUMAN RESOURCES**

**Applicant’s Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# MISSOURI DEPARTMENT OF TRANSPORTATION

## AFFIRMATIVE ACTION SURVEY (VOLUNTARY)

Data provided below is **voluntary** and is not required in order to submit an Application for Employment. This data will assist the department in analyzing affirmative action statistics.

**NOTE: This portion of the application will be removed and retained separate from the application files.**

Name \_\_\_\_\_ Date Completed \_\_\_\_\_  
(Last) (First) (Middle or Initial)

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender: Male  Female

### Race/Ethnic Group

- Caucasian (White)**  
All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- African-American**  
All persons having origins in any of the black groups of Africa, as well as those identified as Jamaican, Trinidadian, and West Indian.
- Hispanic (Spanish American)**  
All persons of Mexican, Puerto Rican, Cuban, Central American, South American, or other Spanish culture or origin, regardless of race.
- American Indian and Alaskan Native**  
All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition, including Eskimos and Aleuts.
- Asian and Pacific Islanders**  
All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, and the Pacific Islands. For example: Chinese, Japanese, Korean, Filipino, East Indian, Pakistani, Samoan, Malaysians, Thais, etc.

### Check any Applicable

- Vietnam Era Veteran**  
Any part of military service which was during the period August 5, 1964, through May 7, 1975, with active duty service of more than 180 days and discharged or released with other than a dishonorable discharge or was discharged or released from active duty because of a service connected disability.
- Disabled Veteran**  
Discharged or released from military service because of service connected disability, or rated 30% or more disabled, or rated 10 or 20% disabled under 38 U.S.C., Section 1506, to have a serious employment disability.

### Indicate what prompted you to apply for employment with the department:

- |  |   |
|--|---|
| <input type="checkbox"/> No one referred me, just familiar with the department           | <input type="checkbox"/> Referred by the Missouri Division of Employment Security |
| <input type="checkbox"/> Referred by a Friend  | <input type="checkbox"/> Newspaper Advertisement                                  |
| <input type="checkbox"/> Referred by a Department Employee                               | <input type="checkbox"/> A Job Opportunity Announcement                           |
| <input type="checkbox"/> Recruited by a Department Representative                        | <input type="checkbox"/> Referred by a Teacher                                    |
| <input type="checkbox"/> Internet  | <input type="checkbox"/> College Campus Recruitment                               |
| <input type="checkbox"/> Career Fair   | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Involved in Transportation and Civil Engineering Program (TRAC) |   |



**Missouri Department of Transportation  
BACKGROUND CHECK  
AUTHORIZATION FORM**

I authorize the Missouri State Highway Patrol to furnish the Missouri Department of Transportation (MoDOT) any information regarding my criminal history. This includes pending charges and convictions for a misdemeanor or a felony.

I authorize the Missouri Department of Revenue to furnish to MoDOT information regarding the status of my driver's license.

I do hereby release and forever discharge MoDOT and its officers, agents, and employees, from any and all liability arising out of or in any manner relating to the performance of the above reference checks and the disclosure of any information made with regard thereto.

Conviction of a violation of the law is not an automatic bar to employment. Each case is considered on an individual basis; however, falsification of the application will result in disqualification.

I have read and understand the above paragraphs.

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
(Print Last, First, MI) (If applicable, include Jr., Sr., etc.) (Please list any previous names.)

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

Social Security Number: \_\_\_\_\_  
(If applicable, list any previously used social security numbers.) \_\_\_\_\_

<p><b>Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? (Please include any alcohol or drug related driving offenses or any other offense you have been convicted of.)</b>  <b>If YES, please provide explanation below:</b>      <input type="checkbox"/> YES    <input type="checkbox"/> NO</p>
<p><b>Have you ever received probation or community supervision for any federal, state, or municipal criminal offense?</b>  <b>If YES, please provide an explanation below:</b>      <input type="checkbox"/> YES    <input type="checkbox"/> NO</p>
<p><b>Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States?</b>  <b>If YES, please provide an explanation below:</b>      <input type="checkbox"/> YES    <input type="checkbox"/> NO</p>
<p><b>As of the date of this authorization, do you have any pending criminal charges against you?</b>  <b>If YES, please provide an explanation below:</b>      <input type="checkbox"/> YES    <input type="checkbox"/> NO</p>

<b>FOR DEPARTMENT OF TRANSPORTATION USE ONLY</b>					
Job Title:				District/Division/Office:	
SAM II Access:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Date of Birth:		Gender:		Purchasing Authority:	

# MISSOURI DEPARTMENT OF TRANSPORTATION

## CENTRAL OFFICE AND DISTRICT ADDRESSES

### Central Office

Missouri Department of Transportation  
105 West Capitol Avenue  
P.O. Box 1787  
Jefferson City, Missouri 65102  
Toll Free 1-877-605-1435 (Human Resources)

### District 1 - Northwest

Missouri Department of Transportation  
3602 North Belt Highway  
St. Joseph, Missouri 64506-1399  
(816) 387-2350

### District 2 – North Central

Missouri Department of Transportation  
902 North Missouri Street  
P.O. Box 8  
Macon, Missouri 63552  
(660) 385-3176

### District 3 - Northeast

Missouri Department of Transportation  
1711 South Highway 61  
P.O. Box 1067  
Hannibal, Missouri 63401  
(573) 248-2490

### District 4 – Kansas City Area

Missouri Department of Transportation  
600 Northeast Colbern Road  
Lee's Summit, Missouri 64086  
(816) 622-6500

### District 5 - Central

Missouri Department of Transportation  
1511 Missouri Boulevard  
P.O. Box 718  
Jefferson City, Missouri 65102  
(573) 751-3322

### District 6 – St. Louis Area

Missouri Department of Transportation  
1590 Woodlake Drive  
Chesterfield, Missouri 63017-5712  
(314) 340-4100  
(314) 340-4115 (Human Resources)

### District 7 - Southwest

Missouri Department of Transportation  
3901 East 32<sup>nd</sup> Street  
Joplin, Missouri 64802  
(417) 629-3300

### District 8 – Springfield Area

Missouri Department of Transportation  
3025 East Kearney  
M.P.O. Box 868  
Springfield, Missouri 65801  
(417) 895-7600

### District 9 – South Central

Missouri Department of Transportation  
910 Springfield Road  
P.O. Box 220  
Willow Springs, Missouri 65793  
(417) 469-3134

### District 10 - Southeast

Missouri Department of Transportation  
2675 North Main Street  
P.O. Box 160  
Sikeston, Missouri 63801  
(573) 472-5333

**If you have special needs addressed by the Americans with Disabilities Act, please notify the appropriate district or the Central Office. If you are hearing or speech impaired, please contact the Missouri Relay System by calling 1-800-735-2966.**