

MISSOURI DEPARTMENT OF TRANSPORTATION

www.modot.org

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



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 – If applicable, include Jr., Sr., etc.) (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 contacted regarding employment.)

Are you at least age 18? Yes No

Are you a U.S. citizen or are you legally authorized to work in the United States? 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.

Name: _____ Relationship: _____ Location: _____

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

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

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

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 | 12. Electrician | 25. Permit Issuance/Enforcement |
| 2. Archaeology (Historic Preservation)/
Environmental* | 13. General Clerical/Secretarial | 26. Photography* |
| 3. Attorney | 14. Geologist | 27. Planning Technician |
| 4. Bridge Maintenance/Painting* | 15. Governmental Relations* | 28. Purchasing/Stocking Operations |
| 5. Building Maintenance and Repair | 16. Highway Construction Technician | 29. Real Estate Acquisition |
| 6. Chemist* | 17. Highway Maintenance | 30. Risk Management/Safety |
| 7. Civil Engineer** | 18. Highway Safety* | 31. Service Attendant |
| 8. Computer Information Specialist/
Programmer/System Support | 19. Human Resources | 32. Sign Manufacturing* |
| 9. Computer Technician | 20. Investigation | 33. Surveying |
| 10. Core Drill Operation* | 21. Journalism/Public Information | 34. Traffic Studies |
| 11. Drafting/CADD | 22. Materials Testing/Inspection/Research | 35. Traffic Technician |
| | 23. Mechanic/Vehicle Repair | 36. Transportation Enforcement Inspector |
| | 24. Paralegal/Legal Assistant | 37. 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

1st Choice _____ 2nd Choice _____ 3rd Choice _____

If you are applying for an advertised vacancy, please list position title _____

INDICATE TYPE(S) OF EMPLOYMENT YOU WILL ACCEPT

- Full-Time (Ongoing in nature, 40 hours per week)
- Seasonal (Hired for a specific period – normally a period of up to six months)
- 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
- Co-op 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 (Jefferson City) | <input type="checkbox"/> 9. District 8 - Springfield Area (Springfield) |
| <input type="checkbox"/> 2. District 2 - North Central (Macon) | <input type="checkbox"/> 6. Central Office (Jefferson City) | <input type="checkbox"/> 10. District 9 - South Central (Willow Springs) |
| <input type="checkbox"/> 3. District 3 - Northeast (Hannibal) | <input type="checkbox"/> 7. District 6 - St. Louis Area (Chesterfield) | <input type="checkbox"/> 11. District 10 - Southeast (Sikeston) |
| <input type="checkbox"/> 4. District 4 - Kansas City Area (Lee's Summit) | <input type="checkbox"/> 8. District 7 - Southwest (Joplin) | |

Applications submitted to 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 _____

Are you willing to relocate within a district? Yes No If yes, designate county: _____

Are you willing to relocate to another area in the state? Yes No If yes, designate 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: Even 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 (INDICATE HOUR/MONTH/YEAR)	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 (INDICATE HOUR/MONTH/YEAR)	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 (INDICATE HOUR/MONTH/YEAR)	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 (INDICATE HOUR/MONTH/YEAR)	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 (INDICATE HOUR/MONTH/YEAR)	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 (INDICATE HOUR/MONTH/YEAR)	ENDING SALARY	
REASON FOR LEAVING		

Date you can begin employment: _____

Minimum salary willing to accept?
(INDICATE HOUR/MONTH/YEAR) _____

May our department contact your current employer?

Yes No

SPECIAL SKILLS – LABOR AND TRADES: ONLY APPLICANTS SEEKING EMPLOYMENT IN LABOR AND TRADES 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.**

(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. 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 Physical Examination/Health Screening: Applicants offered employment with MoDOT are required to submit to a physical examination/health screening, 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 physical examination/health screening and any misrepresentation of my medical history is cause for rejection of my application or subsequent dismissal from employment.

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 examination/health screening 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 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 – If applicable, Jr., Sr., etc.) (First) (Middle or Initial)

Social Security Number _____

If you were previously employed under a different name(s), please specify _____

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, nor will your responses be used to determine eligibility for employment. MoDOT collects this data for statistical analysis and periodic government reporting purposes only. **NOTE: This portion of the application will be removed and retained separate from the application files.**

Name _____ **Date Completed** _____
(Last – If applicable, include Jr., Sr., (First) (Middle or Initial)
etc.)
Social Security No. _____ **Date of Birth** _____
Gender: Male Female

Two or More Races

THIS OPTION MAY BE SELECTED IN ADDITION TO ONE CATEGORY FROM THE RACE/ETHNIC GROUP SECTION BELOW.

Two or more races

RACE/ETHNIC GROUP

CHECK ONE CATEGORY FROM THIS SECTION.

Asian or Pacific Islander

A person having origins in any of the original peoples of the Far East, southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black

A person having origins in any of the Black racial groups of Africa.

Hispanic

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race.

American Indian or Alaskan Native

A person having origins in any of the original people of North and South America, including Central America.

White

A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

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

Signature: Date:

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

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 regardless of how long ago. For example, if you were convicted of a misdemeanor or felony 20 years ago or longer, please include this information on the form.) If YES, please provide explanation below: YES NO
Have you ever received probation or community supervision for any federal, state, or municipal criminal offense? If YES, please provide an explanation below: YES NO
Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If YES, please provide an explanation below: YES NO
As of the date of this authorization, do you have any pending criminal charges against you? If YES, please provide an explanation below: YES NO

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 Division)

District 1 - Northwest

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

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 2 – North Central

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

District 7 - Southwest

Missouri Department of Transportation
3901 East 32nd Street
Joplin, Missouri 64804
(417) 629-3300

District 3 - Northeast

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

District 8 – Springfield Area

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

District 4 – Kansas City Area

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

District 9 – South Central

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

District 5 - Central

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

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.