PSRS/PEERS
PUBLIC SCHOOL & EDUCATION EMPLOYEE RETIREMENT SYSTEMS OF MISSOURI

PO Box 268
Jefferson City, MO 65102-0268
(573) 634-5290 or
Toll Free: (800) 392-6848
Fax: (573) 634-5375
Email: psrspeers@psrspeers.org
Website: www.psrs-peers.org

APPLICATION FOR EMPLOYMENT

Please Print

Our policy is to provide equal opportunity to all qualified applicants without regard to race, color, religion, national origin, sex, age, disability or veteran status.

Position(s) applying for:	Date of Application:
Salary Requirement:	Date you can start employment:

PERSONAL INFORMATION

Name (Last, First, Middle)

Present Mailing Address (Street and Number or RFD)

City	**State**	**ZIP Code**

Telephone numbers where you can be contacted regarding employment ( ) ( )	Home telephone number ( )
Other names in which employment, military or education records may be found	Email address

Are any of your relatives currently employed with PSRS/PEERS? ☐Yes ☐No If yes, name of relative and relationship:

Have you previously been employed by PSRS/PEERS? ☐Yes ☐No If yes, dates of employment:

Can you perform the essential functions of the job for which you are applying? ☐Yes ☐No If you answered No, are there reasonable accommodations that can be made to allow you to perform the essential functions of the job? ☐Yes ☐No

Are you eligible for employment in the United States? ☐Yes ☐No
(If offered employment, you will be required to provide documentation to verify eligibility.)

Do you hold a Missouri educator certificate? ☐Yes ☐No

If you are presently employed, may we contact your present employer? ☐Yes ☐No

How were you referred? _____

EDUCATION

High School Completed or General Education Development (GED) Test Passed? ☐Yes ☐No	Circle Highest Grade Completed
School	1 2 3 4 5 6 7 8 9 10 11 12
Location (City and State)	

Post High School Training (College, Business School, Military, etc.) If more space is needed, attach additional sheet(s) of paper.

Name and Location	Graduated	Degree or certification received	Course of study
	☐Yes ☐No		
	☐Yes ☐No		
	☐Yes ☐No		
	☐Yes ☐No		

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

List any other experience, skills, or other qualifications, which you believe should be considered in evaluating your qualifications for employment.

_____

_____

EMPLOYMENT

Start with your present or most recent employer. If you have more than one job with the same organization, list each separately.

Employer's Name		Description of Work and Responsibilities
Employer's Address		
Type of Business		
Job Title		
From: MO/YR	To: MO/YR	
Hours per Week	Last Mo. Salary	
Supervisor's Name and Title	Telephone	
May we contact your supervisor? ☐Yes ☐No		
Reason for leaving		

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Type of Business		
Job Title		
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Supervisor's Name and Title	Telephone	
May we contact your supervisor? ☐Yes ☐No		
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May we contact your supervisor? ☐Yes ☐No		
Reason for leaving		

If you wish to describe additional work experience, please attach on a separate piece of paper.

PERSONAL REFERENCES

Give the names and addresses of persons who know you (not relatives). We will assume we have your permission to contact these people unless you indicate to the contrary.

1) Name	Occupation	Address	Phone Number

2) Name	Occupation	Address	Phone Number

3) Name	Occupation	Address	Phone Number

Have you ever been convicted, entered a pretrial diversion (or similar programs such as suspended imposition of sentence or suspended imposition of judgement), or pled guilty to any crime? (You may exclude minor traffic violations.) ☐Yes ☐No
If yes, please provide specific information about the offense.

Please discuss any initial concerns you may have with Human Resources. If you are hired by PSRS/PEERS and PSRS/PEERS later determines that you did not truthfully answer these questions, your employment may be terminated as a result of falsifying the application for employment.

State any additional information you feel may be helpful to adequately describe your full qualifications.

Applicant's Notification and Agreement

Please read and sign below.

I certify that the answers given in this application for employment are true and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representative for seeking such information and all other persons, corporations, or organizations for furnishing such information.

If employed, I agree to conform with the organization's policies, practices and procedures. I further understand that no representation, whether oral or written, by any representative of the organization at any time, can constitute a contract of employment.

I hereby understand and acknowledge that, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause.

Signature of Applicant

Date

Print Clear

Return Application to:
Human Resources Manager
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Phone: (800) 392-6848 • FAX: (573) 634-5375 • Website: www.psrs-peers.org