



APPLICATION FOR EMPLOYMENT
"An Affirmative Action/Equal Opportunity Employer"

Missouri Gaming Commission
P.O. Box 1847
Jefferson City, MO 65102
recruitment@mgc.dps.mo.gov
(573) 526-4080

Employee Benefit Package

Benefits Paid by Your Employer

(no cost to you)

- Basic Life Insurance (term)
- Long-Term Disability Insurance
- Education Assistance (conditional)
- Paid Holidays
- Annual Leave & Sick Leave
- Workers' Compensation
- Unemployment Compensation
- Strive Employee Life & Family (SELF)

Optional Benefits

(you pay premiums)

- Optional Life Insurance (term)
- Universal Life Insurance
- Spouse & Dependent Life Insurance
- Dental & Vision Coverage

Benefits Paid by You & Your Employer

(cost is shared)

- Retirement/Survivor Benefits
- Medical Coverage
- Social Security Retirement
- Medicare

Optional Tax-Saving Benefits

(you contribute money toward tax and retirement savings)

- Cafeteria Plan
- Deferred Compensation

Notice to Applicants

Notification for interviews will be done via telephone. Once a position has been filled, all applicants will be notified via e-mail. If you have further questions regarding the application process, please contact the Human Resources Office at (573)526-4080 between the hours of 7:30 a.m. and 4:30 p.m., Monday through Friday or e-mail recruitment@mgc.dps.mo.gov.

Selective Service Registration Requirement

Anyone who is required to register under the United States Military Selective Service Act must show proof of registration prior to being offered employment with the State of Missouri. (Authority: Section 105.1213, RSMo.)

State Taxes Requirement

State law requires all employees to pay their state taxes in a timely manner as a condition of employment. Each year the Department of Revenue will determine if any state employees are delinquent in paying their state taxes for the prior tax year. Employees who are delinquent will be notified and given sufficient time to resolve their state tax liability. Employees who fail to meet this requirement will be terminated. (Authority: Section 105.262, RSMo.)

Notice of Non-Discrimination

The Missouri Gaming Commission does not discriminate on the basis of age, sex, race, color, national origin, disability, religion, military service status, sexual orientation, GINA, or pregnancy status in its hiring, programs and activities. Inquiries related to Department employment practices may be directed to the Missouri Gaming Commission, Human Resources, P.O. Box 1847, Jefferson City, Missouri 65102; or by telephone number at (573) 526-4080.

E-Verify

The Missouri Gaming Commission does not discriminate on the basis of age, sex, race, color, national origin, disability, religion, military service status, sexual orientation, GINA, or pregnancy status in its hiring, programs and activities. Prior to applying for employment with the Commission, you may wish to perform a Self-Check through the [E-Verify System](#). Applicants are not required to use Self-Check and should only use the Self-Check system as a tool to confirm employment eligibility. For more information about E-Verify: [English](#) | [Spanish](#).

Background Checks

The Commission conducts thorough background investigations prior to extending offers of employment. Background investigations include but may not be limited to:

- employment history and references;
- professional certifications;
- educational requirements; and
- criminal and financial records.

Applicants will be considered for employment opportunities on the merits of their skills and experience related to the position sought. A conviction for a crime does not automatically disqualify an individual from employment. If a background check yields information that is of concern, the applicant will be provided an individualized assessment and given an opportunity to review the background check findings and present information regarding inaccuracy, mitigating circumstances, and rehabilitation.

I acknowledge I have read and understand the conditions of employment as listed above.

Applicant's Signature:	Date:
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MGC APPLICATION FOR EMPLOYMENT

You must fill out all sections of this application completely. Attach additional sheet(s) if necessary. Resumes will not be accepted in lieu of a completed application.

PERSONAL INFORMATION:			
Name (Last, First, Middle Initial):			Social Security Number:
Address (Street and Number or RFD):			Home Telephone Number:
			Cell Phone Number:
City:	State:	Zip:	Work Telephone Number: ext.
Email Address:			May we contact you at work? YES <input type="checkbox"/> NO <input type="checkbox"/>
Other names you have been employed under:			

MGC APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR:		
Title:	Vacancy Number:	Minimum Salary You Will Accept:

PERSONAL DATA		
A. Can we contact your current employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
B. Are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
C. Are you willing to travel if the position requires it?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
D. If you are a male over the age of 18, have you registered under the U.S. Military Selective Service Act?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
E. How did you learn of this job?		

List all relatives working for the Missouri Gaming Commission or the gaming industry. Relatives are defined as spouse, parents, children, grandchildren, grandparents, siblings, first cousins, in-laws, aunts, uncles, nephews, nieces, to include all blood and foster relatives.		
Name	Relationship	Work Location

EDUCATION & SKILLS:	
Did you earn a high school or equivalent diploma?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Name of high school or testing facility and location:	Highest Grade Completed?

POST HIGH SCHOOL TRAINING (COLLEGE, BUSINESS SCHOOL, MILITARY, ETC.) Please list all education beginning with most recent. Indicate diploma or degree earned and attach transcripts/completion certificate.				
Name & Location of School/College	Credits Earned		Degree Type	Major/Minor
	Quarter Hours/Yrs Completed	Semester Hours		

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INDICATE HOURS COLLEGE CREDITS IN THESE AREAS:					
Please attach a copy of transcripts					
Accounting	Business Administration	Criminal Justice	History	Physics	Social Work
Agriculture	Chemistry	Economics	Journalism	Political Science	Sociology
Biological Sciences	Computer Science Information	Education	Mathematics	Psychology	Statistics
MILITARY SERVICE: Attach a copy of Form DD214					
Branch of Service	Entry Date Mo/Yr	Discharge Date Mo/Yr	Type of Discharge		

CERTIFICATES/LICENSES:				
List all certifications, registrations, or licenses that are applicable to your profession or the current job opening.				
License/Certificate Issued By:	Field/Trade/Specialization	License/Certificate Number	Date of Issue	Expiration Date

SKILLS		
What office equipment can you operate efficiently?		
List software you operate in a proficient manner:		
Typing Speed NET WPM	Date of Last Test	Administering Organization

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EMPLOYMENT HISTORY:			
<ul style="list-style-type: none"> Describe in detail all positions you have held in the past ten (10) years to include military service. Start with your present employment or if unemployed your most recent employment. List your employment history in reverse order most recent to last. If you have more than one job with the same organization, list each as a separate period of employment. Explain gaps in employment history. Attach extra sheets if necessary following the same format used herein. Be sure to indicate where the record of your experience may be verified. This information will be used in reference checks. Failure to answer all items may eliminate you from further consideration. A RESUME MAY NOT BE SUBSTITUTED FOR INFORMATION REQUESTED BELOW 			
EMPLOYER'S NAME:			
EMPLOYER'S ADDRESS:			
KIND OF BUSINESS:			
YOUR JOB TITLE:			
FROM: MO/YR	TO: MO/YR	HOURS PER WEEK:	LAST MONTH SALARY:
SUPERVISOR'S NAME AND TITLE:			TELEPHONE:
MAY WE CONTACT YOUR SUPERVISOR? YES <input type="checkbox"/> NO <input type="checkbox"/>			
REASON FOR LEAVING			
DUTIES			
SHOW % OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT			
TOTAL	IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE NUMBER AND TYPE OF WORK THEY DID?		
100%			

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EMPLOYMENT HISTORY CONTINUED:

Attach extra sheets if necessary following the same format used herein.

EMPLOYER'S NAME:

EMPLOYER'S ADDRESS:

KIND OF BUSINESS:

YOUR JOB TITLE:

FROM: MO/YR | **TO: MO/YR** | **HOURS PER WEEK:** | **LAST MONTH SALARY:**

SUPERVISOR'S NAME AND TITLE: | **TELEPHONE:**

MAY WE CONTACT YOUR SUPERVISOR? YES **NO**

REASON FOR LEAVING:

DUTIES	
SHOW % OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT	

TOTAL | **IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE NUMBER AND TYPE OF WORK THEY DID?**
100%

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EMPLOYER'S ADDRESS:

KIND OF BUSINESS:

YOUR JOB TITLE:

FROM: MO/YR | **TO: MO/YR** | **HOURS PER WEEK:** | **LAST MONTH SALARY:**

SUPERVISOR'S NAME AND TITLE: | **TELEPHONE:**

MAY WE CONTACT YOUR SUPERVISOR? YES **NO**

REASON FOR LEAVING

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EMPLOYER'S ADDRESS:

KIND OF BUSINESS:

YOUR JOB TITLE:

FROM: MO/YR **TO: MO/YR** **HOURS PER WEEK:** **LAST MONTH SALARY:**

SUPERVISOR'S NAME AND TITLE: **TELEPHONE:**

MAY WE CONTACT YOUR SUPERVISOR? YES **NO**

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FROM: MO/YR **TO: MO/YR** **HOURS PER WEEK:** **LAST MONTH SALARY:**

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SHOW % OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT	

TOTAL **IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE NUMBER AND TYPE OF WORK THEY DID?**
 100%

MGC APPLICATION FOR EMPLOYMENT**BUSINESS REFERENCE:**

Please provide a list of business references as requested below.

Name:	Relationship with contact:
Company Organization	Title
Address (City, State, Zip)	Telephone Number:
Name:	Relationship with contact:
Company Organization	Title
Address (City, State, Zip)	Telephone Number:
Name:	Relationship with contact:
Company Organization	Title
Address (City, State, Zip)	Telephone Number:
Name:	Relationship with contact:
Company Organization	Title
Address (City, State, Zip)	Telephone Number:

Information Verification Authorization**Application Certification**

PLEASE READ CAREFULLY AND SIGN – I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I understand that any false information (or omissions) in this application, or its supporting documents, will be sufficient grounds for rejection of my application.

Applicant's Signature:	Date:
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Applicant Characteristic Survey

Missouri Gaming Commission
 P.O. Box 1847
 Jefferson City, MO 65102
 recruitment@mgc.dps.mo.gov
 (573) 526-4080

The following requested information is **VOLUNTARY** and in no way affects you as an individual applicant or your application for examination. This information will be used for federal reporting and research purposes only to find out how effective our recruitment efforts are in reaching all segments of the population and in providing equal employment opportunity. The information provided will be kept confidential, maintained separate from personnel records and your application for employment.

Instructions:
 Place your numbered answer to each question in the space to the left of each question. Return this form with your application for employment.

	What Sex are you? 1. Male 2. Female
	What is the highest level of education you have attained? 1. 0-8 Years 2. 9-12 Years but not a high school graduate 3. High school graduate (or passed GED test) 4. Post high school vocational or business school training 5. College, less than B.A. or B.S. degree 6. B.A. or B.S., or comparable bachelor's degree 7. M.A. or M.S., or comparable master's degree 8. PhD, JD, LLB, or comparable professional degree 9. MD, or comparable professional degree in medicine
	Of the following, of which racial/ethnic group do you consider yourself a member? 1. Asian 2. Black or African American 3. Hispanic or Latino 4. American Indian/Native Alaskan 5. Native Hawaiian/Other Pacific Islander 6. White 7. Two or more races
	What is your age? (Indicate the age group in which you fall). 1. 16-24 Years 2. 25-29 Years 3. 30-39 Years 4. 40-49 Years 5. 50-59 Years 6. 60-64 Years 7. 65-69 Years 8. 70 or more years
	How did you learn about this position? 1. Web Site 2. Missouri State Division of Employment Security 3. Other State Agency 4. Friend 5. Newspaper 6. State Employee 7. School 8. Other
	Do you have any physical or mental disability which does not prevent employment, but which should be considered in job placement? If you do, indicate the area of impairment 1. No disability 2. Sight 3. Hearing 4. Amputee 5. Epilepsy 6. Diabetes 7. Cardiac 8. Partial Paralysis 9. Mental 10. Other