

Office of the Missouri Secretary of State
Internship Application

An Equal Opportunity Employer

If you have special needs as identified by the Americans With Disabilities Act of 1990 and need assistance with any phase of the application process or need this application provided in an alternative format, immediately notify the Personnel Office at (573) 522-6254. Reasonable attempts will be made to accommodate your needs.

Please Type or Print in Ink

IDENTIFICATION

Internship applied for or desired area of interest: _____

Last Name _____ First _____ Middle _____ Social Security number _____

Address _____ Street _____ City _____ State _____ Zip _____

Phone: Mobile: _____ Home: _____ E-mail: _____

Other names in which employment, military or education records may be found: _____

When would you be able to start work? _____ Please indicate hours available to work: _____

EDUCATION

College – check highest grade completed: 1 2 3 4 5 6

Current or most recent college: _____ Degree and course of study: _____

Grade Point Average: _____ Anticipated Graduation Date: _____

NOTE: Please attach resume and necessary work experience.

PERSONAL DATA

Have you ever been convicted or pled guilty or nolo contendere to any felony? Yes _____ No _____

If yes, list all such cases in the "Remarks" section and in each case give:

1. The date, court, and county location;
2. The nature (type) of offense or violation (stealing, burglary, etc.);
3. The penalty imposed (disposition)

Conviction of a violation of the law is not an automatic bar to employment. Each case is considered on its individual merits; however, falsification of the application will result in disqualification. (Suspended execution of a sentence is a conviction.)

Are you authorized to work in the United States? Yes _____ No _____

Remarks:

APPLICANT CERTIFICATION

I hereby certify that this application contains no willful misrepresentations or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification as to a material fact, my application will be rejected and/or I will be terminated from my position.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize my previous employers or any educational institutions I have attended to release to the Secretary of State's authorized representative any information they may have regarding my character, academic record or employment history, whether on record or not. I also authorize any enforcement agency, or the Department of Revenue or other motor vehicle regulatory agency to allow any authorized representative of the Secretary of State to examine copy or receive any records pertaining to me regarding convictions, driving, or tax compliance records. By authorizing the above, I agree to hold harmless any individual, partnership, corporation, educational institution or agency, its officers, agents and employees from any liability for any damage whatsoever for issuing such information.

AUTHORIZATION OF DIGITAL SIGNATURE

By selecting the box, I agree to the above statements, and this will serve as my digital signature.

Signature _____ Date _____

STATEMENT OF NONDISCRIMINATION: The Office of the Secretary of State does not discriminate on the basis of race, color, national origin, religion, age, sex, sexual orientation, gender identity, veterans' status or disability, or any other reason prohibited by law. Any persons having inquiries concerning the Office of the Secretary of State's compliance with this nondiscrimination resolution is encouraged to contact the Office of the Secretary of State, Personnel Office, James C. Kirkpatrick State Information Center, PO Box 1767, Jefferson City, Missouri 65102-1767, (573) 522-6254.