

# APPLICATION FOR EMPLOYMENT

## Missouri State High School Activities Association

P.O. Box 1328, Columbia, MO 65205-1328; Phone - 573/875-4880; Fax 573/875-2379

Provide all information requested by printing CLEARLY in ink or by typing.

### GENERAL INFORMATION

Name (Last)	(First)	(Middle)*	Date of Birth*
Address (Mailing Address)	(City)	(State)	(Zip)
E-Mail Address	Preferred Telephone ( ) -		
What times would be the best times to reach you by telephone? List 2.			
1)		2)	
Where did you first hear about this job? <input type="checkbox"/> Handshake <input type="checkbox"/> MSHSAA website <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other		<input type="checkbox"/> NCAA Marketplace <input type="checkbox"/> Indeed.com <input type="checkbox"/> Other Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	

\* Middle name and date of birth are required for background check

### POSITION

For which posted position are you applying?	<b>Will Accept:</b>	
	<input type="checkbox"/> Part-Time	
	<input type="checkbox"/> Full-Time	
	<input type="checkbox"/> Temporary	
Are you able to perform the essential functions of the job you are applying for with reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Accommodations needed (please list if any are required):	<b>Date Available:</b>	

### EDUCATION AND TRAINING

Name of High School: \_\_\_\_\_ City/State: \_\_\_\_\_

High School Graduate?  Yes  No    If no, list the highest grade completed: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Interscholastic Activities in which you participated in HS: \_\_\_\_\_

Any special honors or recognition received: \_\_\_\_\_

#### College, Business School, Military, Post-Graduate Studies (if any) (Most recent first)

Name and Location	Dates Attended Month/Year	Graduate	Degree & Year	Major or Subject
	From	<input type="checkbox"/> Yes		
	To	<input type="checkbox"/> No		
	From	<input type="checkbox"/> Yes		
	To	<input type="checkbox"/> No		
	From	<input type="checkbox"/> Yes		
	To	<input type="checkbox"/> No		
	From	<input type="checkbox"/> Yes		
	To	<input type="checkbox"/> No		

### COMPUTER APPLICATIONS (Please check the level that describes your skill)

General Computer Skills	<input type="checkbox"/> Unable	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Superior
Microsoft Word	<input type="checkbox"/> Unfamiliar	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Superior
Microsoft Excel	<input type="checkbox"/> Unfamiliar	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Superior
Microsoft Publisher	<input type="checkbox"/> Unfamiliar	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Superior
Microsoft PowerPoint	<input type="checkbox"/> Unfamiliar	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Superior
Adobe InDesign / Illustrator / Photoshop	<input type="checkbox"/> Unfamiliar	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Superior
Website Creation / Publishing	<input type="checkbox"/> Unfamiliar	<input type="checkbox"/> Done some	<input type="checkbox"/> Experienced	
MSHSAA Website – as public user?	<input type="checkbox"/> Unfamiliar	<input type="checkbox"/> Familiar		

**CLERICAL & TECHNICAL SKILLS** (Please check the level that describes your skill)

Typing Skills: WPM: _____	<input type="checkbox"/> Unable	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Superior
Fax Machine	<input type="checkbox"/> Unfamiliar	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Superior
Copy Machine	<input type="checkbox"/> Unfamiliar	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Superior
Multiline Corporate Phone System	<input type="checkbox"/> Unfamiliar	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Superior

**WORK EXPERIENCE (Most Recent First)** (Include voluntary work and military experience)

Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title		To (Month/Year)
Specific Duties		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title		To (Month/Year)
Specific Duties		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
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