



**MO-SCI CORPORATION**  
**4040 HyPoint North**  
**Rolla, MO 65401**  
**Phone: (573) 364-2338**  
**Fax: (573)364-9589**

Application for Employment

PLEASE PRINT

Position Applied For \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_  
 Last First Middle

Address \_\_\_\_\_  
 Street City State Zip Code

Telephone (\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

Are you legally eligible for employment in this country? .....	Yes	No
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(Proof of U.S. citizenship or immigration status will be required upon employment)

Date available for work ..... \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of employment desired .....	Full Time	Part Time	Temporary
Are you able to meet the attendance requirements of the position? .....	Yes	No	
Have you been convicted of a felony in the past seven (7) years? .....	Yes	No	

(Such conviction may be relevant if job related, but does not bar you from employment)

If yes, please explain \_\_\_\_\_

**Employment History**

List your last three (3) employers, assignments or volunteer activities, starting with the most recent, including military experience.

From	To	Employer	Telephone
Job Title		Address	
Supervisor's Name and Title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary Start \$ _____ per _____ Final \$ _____ per _____	
From	To	Employer	Telephone
Job Title		Address	
Supervisor's Name and Title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary Start \$ _____ per _____ Final \$ _____ per _____	
From	To	Employer	Telephone
Job Title		Address	
Supervisor's Name and Title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary Start \$ _____ per _____ Final \$ _____ per _____	

## Skills and Qualifications

Summarize special skills and qualifications from employment or other experiences that may qualify you for work with MO-SCI Corporation.

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## Educational Background

Name and Location	Years Completed	Did You Graduate?	Course of Study	
High School				
College			Major	Degree
Business/Trade School				

## References

Give the names of three (3) persons not related to you, whom you have known at least one (1) year.

Name	Telephone	Years Acquainted

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATIONS MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN THE PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING. I ALSO GIVE MO-SCI CORPORATION OR THEIR REPRESENTATIVES AUTHORITY TO VERIFY ALL INFORMATION SUBMITTED BY ME ON THIS APPLICATION AND/OR FROM A FURNISHED RESUME."

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date Signature