

1700 South River Road
St. Charles, MO 63303

Telephone (636) 949-3040
Fax (636) 949-3028



ELEVENTH JUDICIAL CIRCUIT STATE OF MISSOURI Family Court Division

The Eleventh Circuit Court is an Equal Opportunity Employer.

Employment with the Eleventh Circuit Court is at will, meaning that employment may be terminated by the Court or employee at any time without restriction.

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS:

Be specific and complete. Acceptance of this application for consideration and employment depends upon your meeting the minimum qualifications of the position. Exaggerated, false or misleading information are grounds for rejection of this application now or dismissal should your application be accepted and you are subsequently employed by this Court. A separate application must be submitted for each position applied for. Further, interviews are only conducted when an actual position is available.

PLEASE PRINT OR TYPE

Title or position for which you are applying: _____

I have read the job description for this position: ☐ Yes ☐ No

I certify that I am able to perform the essential duties of this position without accommodation ☐ or with the accommodation of: _____

Name: LAST FIRST MIDDLE

Mailing Address: (Number, Street, City, State, Zip Code)

() ()

Home telephone: Day telephone at which you may be contacted:

Are you at least twenty-one (21) years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
What type of employment are you seeking? (Check only those you will accept.) <input type="checkbox"/> Permanent (Full Time) <input type="checkbox"/> Part Time Permanent (Less than 40 hours per week) <input type="checkbox"/> Full Time Temporary (Less than 6 months) <input type="checkbox"/> Part Time Temporary (Less than 40 hours per week <u>and</u> less than 6 months).	
If the position requires unusual working hours (including weekends and nights) would you be willing to accept it? (Detention positions require shift work.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
When will you be available for employment? (Check One) <input type="checkbox"/> I am available now <input type="checkbox"/> I will be available beginning _____ <input type="checkbox"/> I will be available upon _____ weeks notice to my present employer.	
Have you ever been convicted, found guilty or pled guilty to any crime? Have you ever been fined or placed on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, charge(s): _____ Date found or pled guilty: _____ (A criminal conviction is not an absolute bar to consideration.)	
Name of Court(s): _____ Location(s) (City/State): _____ (On a separate sheet of paper, provide details of offense and conviction.)	

WORK EXPERIENCE:

Give a complete record of all employment including military service. Start with your most recent position. Indicate any change in job title/position with the same employer as a separate position. If paid on different basis than monthly, indicate rate of pay and pay period. If

needed, make additional copies of page 4 to complete history of work experience.

Employer:	Nature of Business:	Location(City/State):
Title/Position:	Name and Telephone of Supervisor:	
<input type="checkbox"/> Full Time _____ Hours/Week		<input type="checkbox"/> Part Time _____ Hours/Week
Reason for leaving or considering leaving:		
Employed from (Month and Year):		to (Month and Year):
Beginning Monthly Salary:		Ending Monthly Salary:
Principal Duties: _____ _____ _____		

Employer:	Nature of Business:	Location(City/State):
Title/Position:	Name and Telephone of Supervisor:	
<input type="checkbox"/> Full Time _____ Hours/Week		<input type="checkbox"/> Part Time _____ Hours/Week
Reason for leaving or considering leaving:		
Employed from (Month and Year):		to (Month and Year):
Beginning Monthly Salary:		Ending Monthly Salary:
Principal Duties: _____ _____ _____		

Employer:	Nature of Business:	Location(City/State):
-----------	---------------------	-----------------------

Title/Position:	Name and Telephone of Supervisor:
<input type="checkbox"/> Full Time _____Hours/Week	<input type="checkbox"/> Part Time _____Hours/Week
Reason for leaving or considering leaving:	
Employed from (Month and Year):	to (Month and Year):
Beginning Monthly Salary:	Ending Monthly Salary:
Principal Duties: _____ _____ _____	

Employer:	Nature of Business:	Location (City/State):
Title/Position:	Name and Telephone of Supervisor:	
<input type="checkbox"/> Full Time _____Hours/Week	<input type="checkbox"/> Part Time _____Hours/Week	
Reason for leaving or considering leaving:		
Employed from (Month and Year):	to (Month and Year):	
Beginning Monthly Salary:	Ending Monthly Salary:	
Principal Duties: _____ _____ _____		

May we communicate with the persons named as work supervisors?

☐ Yes ☐ No

If no, name and explain the exceptions. _____

If you were discharged from any employment, state details. _____

List at least three (3) professional references:

- 1) Name _____
Street Address _____
City _____ State _____ Zip _____
Home Telephone _____ Day Telephone _____
Nature of Relationship _____ Length of Relationship _____
- 2) Name _____
Street Address _____
City _____ State _____ Zip _____
Home Telephone _____ Day Telephone _____
Nature of Relationship _____ Length of Relationship _____
- 3) Name _____
Street Address _____
City _____ State _____ Zip _____
Home Telephone _____ Day Telephone _____
Nature of Relationship _____ Length of Relationship _____

EDUCATION:

School (Name/Location)	Years Attended	Graduate Yes/No	Date of Graduation	Degree/Major
High School:				
College/University:				
Other:				

Describe any specialized education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, in-service training. Give name and address (City/State) of institution or program and dates of attendance. _____

If you are currently licensed or registered to practice in Missouri as a member of some profession or trade, indicate type of license or registration. _____

List any memberships in professional or technical associations: _____

APPLICANT CERTIFICATION:

I hereby certify that the information given in this application is correct and complete. I understand any false statements, omissions or misrepresentations contained in this application, interview or related correspondence may disqualify me for employment consideration. Should an investigation at any time disclose any falsification, omission or misrepresentation, said disclosure may be grounds for termination of employment.

I consent to the release of information for the purpose of verifying the information I have provided regarding my academic credentials, ability and fitness for employment by employers, schools, law enforcement agencies and other authorized personnel.

I recognize that the position for which I am applying with the Eleventh Circuit Court requires a criminal as well as child abuse/neglect background investigation. To aid such investigation, I hereby agree to provide my:

Date of Birth: _____

Social Security Number: _____

Maiden Name (if applicable): _____

Signature of Applicant

Date