MO SCI, LLC
4040 HyPoint North
Rolla, Mo. 65401 USA
Phone: 573-364-2338 Fax: 573-364-9589
E-mail: HR@mo-sci.com
Website: www.mo-sci.com

Application for Employment

PLEASE PRINT

Position Applied For: _____ Date: _____/_____/_____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone (_____)_____ **Social Security Number** _____-_____-_____

ITAR Compliant – Applicant must be US Person
Are you legally eligible for employment in this country? ..... ☐ Yes ☐ No
(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, LLC.

_____
_____
_____

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, LLC OR THEIR REPRESENTATIVES AUTHORITY TO VERIFY ALL INFORMATION SUBMITTED BY ME ON THIS APPLICATION AND/OR FROM A FURNISHED RESUME."

_____ / _____ / _____ _____

Date Signature