



STATE OF MISSOURI
AUTHORIZATION FOR CRIMINAL RECORD REVIEW

NAME - FIRST		MIDDLE		LAST	
FORMER NAMES AND/OR ALIASES USED					
SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER		ISSUING STATE	
GENDER <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE					
ADDRESS					
PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY. USE ADDITIONAL PAPER IF NECESSARY.					
Have you ever been convicted, pled guilty or nolo contendere, and/or received a suspended imposition of sentence or suspended execution of sentence in any federal, state, or municipal court for a criminal offense? (Please include any alcohol or drug-related driving offenses or any other offense) If yes please provide an explanation.					
<input type="checkbox"/> YES <input type="checkbox"/> NO		EXPLANATION			
Have you ever received probation or community supervision for any federal, state, or municipal offense? If yes, please provide an explanation.					
<input type="checkbox"/> YES <input type="checkbox"/> NO		EXPLANATION			
Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide an explanation.					
<input type="checkbox"/> YES <input type="checkbox"/> NO		EXPLANATION			
As of this date, do you have any pending criminal charges against you? If yes, please provide an explanation.					
<input type="checkbox"/> YES <input type="checkbox"/> NO		EXPLANATION			
<p>I hereby swear or affirm that I am the applicant for record review listed above and that the information provided in this application is true and accurate to the best of my knowledge. I give my permission for the State of Missouri to obtain any and all background information authorized by law, including but not limited to criminal records, and to process this record review using my social security number.</p> <p>By my signature, I affirm and recognize that in the event I have furnished false information or have failed to furnish required information for a criminal record review on this application or for the employment history given to my employer, I will be terminated from employment with this State of Missouri agency or removed from hiring consideration.</p> <p>A conviction of a violation of the law does not constitute an automatic bar to employment. Each case is considered on an individual basis. Falsification of the application will, however, result in disqualification or dismissal from employment.</p>					
SIGNATURE				DATE	
INFORMATION ON POSITION FOR WHICH YOU ARE APPLYING					
DIVISION		PROGRAM		POSITION TITLE	
				POSITION#	

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____

STATEMENT OF CONFIDENTIALITY

I understand that by virtue of my employment at the Missouri Department of Agriculture I may have access to (verbal, written, or computerized) information and/or records which contain individually identifiable confidential information regarding my fellow employees, the Department, or the public that the Department serves.

It is essential that members of the Missouri Department of Agriculture maintain employee, our public customers and agency privacy/confidentiality. Therefore, all members of the Missouri Department of Agriculture shall acknowledge and sign the statement of confidentiality that follows:

I acknowledge that the disclosure of individually identifiable confidential information is prohibited by the Missouri Department of Agriculture's personnel policies.

I further acknowledge that I fully understand that the intentional disclosure by me of individually identifiable confidential information to any unauthorized person or persons is prohibited.

As a member of the Missouri Department of Agriculture, I agree that for and during the entire tenure as an employee of the Department, any employee personnel matters, disciplinary actions, employee relations matters or other identified material that is not deemed to be a "public record" under RSMo. Chapter 610 and the like, shall be considered and kept as the confidential and privileged records and discussions of the Missouri Department of Agriculture and will not be divulged to anyone except on the direct authorization of the Director of the Missouri Department of Agriculture or his/her designee. Further, no employee of the Department shall disclose to anyone either during or after his/her tenure as an employee any confidential information obtained by him/her as a result of his employment, unless the written consent of the Director of the Missouri Department of Agriculture or designee has first been obtained.

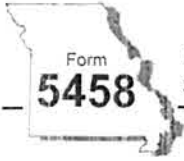
This Statement of Confidentiality shall not in any way affect the rights provided to all state employees pursuant to RSMo. 105.055 popularly known as the Whistleblower Statute.

Any member of the Human Resource Program who fails to maintain the confidentiality of this Department shall be subject to departmental discipline up to and including termination from employment.

I, _____, have read the Statement
(Print Name)
Of Confidentiality set forth above and agree to comply with the policy.

Sign

Date



Missouri Department of Revenue
Statement of Individual Income Tax

First Name	Last Name	Social Security Number			
Home Address		City	State	Zip Code	
Telephone Number	E-mail Address				

Indicate the year(s) in which you were not required to file a Missouri Individual Income Tax Return and provide an explanation why you were not required to file.

Not Required to File	Income Tax Year 20_____
	Please explain:
Income Tax Year 20_____	
Please explain:	
Income Tax Year 20_____	
Please explain:	
Please fax letter of compliance to Missouri Department of Agriculture, Human Resources at (573) 522-5692.	

Would you like for your employer to receive written confirmation regarding your compliance with Missouri income tax? Yes No

If yes, please provide your employer's fax number (5 7 3) 5 2 2 - 5 6 9 2

Signature	Under penalties of perjury, I declare that the above information and any attached supplement is true, completed, and correct. I certify that for the year(s) shown above, I was not obligated to file a Missouri Individual Income Tax Return for the reason(s) indicated. I further release the Missouri Department of Revenue to disclose the findings thereof to my prospective employer.		
	Printed Name	Signature	Date (MM/DD/YYYY)

Mail to: Discovery
P.O. Box 3900
Jefferson City, MO 65105-3900

Phone: (573) 522-3620
Fax: (573) 526-7939
E-mail: tcsincome@dor.mo.gov