

**Return Cover Letter and Completed Application To:**

**University of Missouri Extension  
Attn: Dr. Janice Weddle  
608 East State Street  
Mountain Grove, MO 65711**

Contact:  
Dr. Janice Weddle

Extension Engagement Specialist  
weddlejd@missouri.edu  
417-349-4134



Name		City	State	Zip
Address				
Phone Number	Email Address			
Are you authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>		Have You Ever Been Convicted Of A Felony? Yes <input type="checkbox"/> No <input type="checkbox"/>		

**Position**

Available Start Date	After reviewing the job description, do you have any physical conditions which may limit your abilities to perform the job as described? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Employment Desired  
 Full Time       Part Time

Desired Hourly Wage:

**Education**

School Name	Location	Years Attended	Degree Received	Major

**Professional References**

Name	Title	Company	Phone

**NOTICE OF NONDISCRIMINATION** - Per Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and Section 504 of the Rehabilitation Act of 1973, the University does not discriminate on the basis of race, color, religion, national origin, ancestry, sex, sexual orientation, age, disability or status as disabled veteran or veteran of the Vietnam Era. Any person having inquiries concerning the University of Missouri's compliance with these regulations is directed to contact the campus Affirmative Action representative or the Assistant Secretary of Civil Rights, U.S. Department of Education. Inquiries should be directed to University of Missouri-Columbia, Affirmative Action Office, 143 Heinkel Building, 573-882-4256.

## Employment History

<b>Employer (1)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
<b>Employer (2)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
<b>Employer (3)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
<b>Employer (4)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

## Signature Disclaimer

I certify that the above statements are correct. I understand that any false information, or omissions, in this application, or it's supporting documents, will be sufficient grounds for refusal of hire or termination without notice. I further understand the University of Missouri Extension Wright County Council has the right to review my education, previous employment and other background data.

Name (Please Print)	Signature
Date	

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