



EMPLOYEE CONCEALED CARRY APPLICATION

Once this form is completed, please email it to CampusSafety@MissouriState.edu

Employee Information			
First Name:	Middle Initial:	Last Name:	
Address:			Phone Number:
City:	State:	Zip:	Date of Birth:
Work Location:	Email Address:		Work Schedule:
Missouri Concealed Carry Permit Information			
Permit Number:	County Issued:	Date Issued:	Expiration Date:
Request Information			
Explain the reasons you desire to carry a concealed firearm on campus:			
Explain your experience and training using a firearm:			

Have you ever been arrested, charged or convicted for a crime against a person or property? Yes No
If "YES", Explain, include jurisdiction and date.

Have you ever been accused of violence or abuse of ANY kind? Yes No
If "Yes", Explain.

I, _____, attest to the accuracy of the information contained in this application. I understand the University will conduct an interview with me to determine whether to forward this application to the second phase of the approval process. I authorize the University to conduct a background investigation, including but not limited to, a review of my employee personnel file and my social media activity if my application proceeds to the second phase. I understand and agree that the University may also conduct interviews with others relating to my application. I also understand that the University will procure a current criminal background check at my expense.

Finally, I understand and agree that this request, and any subsequent approval, is made outside the course and scope of my University employment, and that my possession and/or use of any firearm approved through this application is also outside the course and scope of my University employment.

Signature

Date

Office Use Only

Date Received:	Date Interviewed:	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
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