Missouri Department of Transportation

Employee Education and License Information Update

|  |  |
| --- | --- |
| Name |  |
| Last 4 digits ONLY of SS# | \*\*\*/\*\*/ |
| Job title |  |
| District/division/office |  |
| Effective date of change |  |

**Employees:** Complete form and forward **with necessary transcript and/or licensure information** to your local Human Resources representative.



Central Office/District Human Resources/Support Services Representatives: Enter information into SAM II system and forward original form to **Central Office Human Resources Division, ATTN: Employment** to be placed in employee’s file.



EMPLOYEE EDUCATION HISTORY (EEDH)

Degree earned  YES  NO

Degree (Code) Associates Bachelors Masters Doctorate

|  |  |
| --- | --- |
| Date Degree Obtained |  |
| School |  |
| Degree Major(s) |  |
| Degree Minor(s) |  |

**REQUIRED: Attach official transcript reflecting degree**



EMPLOYEE LICENSE(S) AND CERTIFICATION(S) (LCNS)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| License/Certification |  | | (For CDL – passenger, double/triple trailer, hazardous | | | | | | |
| material, tank vehicle, haz-mat tank, and school bus) | | | | | |  | | |
|  |
| Effective Date |  | | | | Expiration Date | | |  | |
| Issue State |  | | | Issue Country (If outside US) | | | |  | |
| Comments |  | | | | |  | | |  |

**REQUIRED: Attach copy of license/certification**

|  |  |
| --- | --- |
|  |  |
| Print name (Last, first, middle) | Date |
|  |  |

Employee Signature Date