

APPLICATION FOR EMPLOYMENT



3501 Harry Langdon Boulevard • Council Bluffs, IA 51503-7898 • 712-366-0571 (V/TTY)

Position Applied for: _____

APPLICATION FOR EMPLOYMENT

A. INSTRUCTIONS

Print in dark ink or type. Add extra sheets as necessary.

B: NAME, ADDRESS, AND TELEPHONE

Name: Last, First, Middle Initial	Social Security Number
Address: Number, Street, Apartment	Area Code Telephone Number Home ()
City, State, Zip Code	Work/Message ()

C. EDUCATION AND TRAINING - Institutions of higher education, trade, vocational or professional schools attended (other than high school)

School	Major/Concentration	Did you graduate?	Degree/Certificate

D. SKILLS, LICENSES, AND CERTIFICATES

Please list all skills related to this position. For licenses and certificates, list the type, class, state, level, and expiration date.

E. GENERAL INFORMATION

1. Have you ever been employed under any other name? No Yes If yes, please give name(s): _____
 _____ (This information will be used to facilitate verification of work records).

2. Have you ever been previously employed at ISD? No Yes If yes, please specify job title and beginning and ending dates of employment.

3. Have you ever been convicted of a crime? No Yes A conviction does not automatically mean you will not be considered for a job. What you were convicted of, the circumstances surrounding the conviction, and how long ago the conviction occurred are important as well. Please provide us with all the critical facts so that an appropriate decision can be made on this question. _____

4. Have you ever been investigated by a government agency for child abuse and/or child neglect? No Yes If yes, please give the dates of the investigation(s) and please identify the states in which the investigations(s) occurred. _____

5. Do you have any relatives now employed at ISD? No Yes (If yes, indicated name, dept., and relationship) _____

6. If hired, will you be able to furnish proof of your eligibility to work in the United States? No Yes

7. May we contact your current employer? No Yes Previous employers? No Yes

8. Please describe in detail how your experience, knowledge, and abilities qualify you for this position: _____

9. Please list all equipment that you can operate: _____

10. Do you have a driver's license? No Yes If yes, please indicate issuing state, license number, and expiration date: _____

11. Check all appropriate boxes which indicate your interest:

Full-Time	Part-Time	Permanent	Temporary
Substitute	First Shift	Second Shift	Third Shift

12. How soon are you available for employment? _____

F. EMPLOYMENT HISTORY - Please show all previous employment, plus other related experience (add additional pages, if necessary). Include military or volunteer experience. Begin with your current employer. A resume may be attached.

Firm Name (Department)	From: Mo/Yr	Title
Street	To: Mo/Yr	Duties
City, State, Zip Code	Starting Salary	
Telephone (include area code)	Final Salary	
Supervisor's Name/Title	Hrs. worked per week	Reason for wanting to leave
Firm Name (Department)	From: Mo/Yr	Title
Street	To: Mo/Yr	Duties
City, State, Zip Code	Starting Salary	
Telephone (include area code)	Final Salary	
Supervisor's Name/Title	Hrs. worked per week	Reason for wanting to leave
Firm Name (Department)	From: Mo/Yr	Title
Street	To: Mo/Yr	Duties
City, State, Zip Code	Starting Salary	
Telephone (include area code)	Final Salary	
Supervisor's Name/Title	Hrs. worked per week	Reason for wanting to leave

G. REFERENCES - Please list at least three persons not related to you who are familiar with you or know of your work competencies.

Name	Address(Street, City, State, Zip)	Phone #	Business	Years Known

I hereby certify that the facts set forth on this application are true and complete. I hereby authorize Iowa School for the Deaf to check my past work experience and to review educational transcript materials. I authorize any reference source to provide any and all information concerning my previous record and any pertinent information they may have and I release all parties from liability for any damage that may result from furnishing information to you. I understand that false statements or omission of information on this application shall be considered sufficient cause for dismissal from employment at ISD, should I be hired, and shall void any consideration for employment. I further understand that, if offered a position, I must complete pre-employment processing which will include: reference checks, child abuse registry checks, criminal background checks, motor vehicle record checks, and submission of documents which verify my eligibility to work in this country. I further understand that if the position for which I am applying requires a commercial driver's license, Iowa School for the Deaf may require that I submit to pre-employment drug testing as mandated by Federal Department of Transportation regulations.

Signature: _____

Date _____

Applicant Data Record

It is Iowa School for the Deaf's policy to provide equal employment opportunities to all individuals based on job-related qualifications and ability to perform a job, without regard to race, creed, color, religion, national origin, gender, gender identity, sexual orientation, age, marital status, or physical or mental disability, and to maintain a non-discriminatory environment free from intimidation, harassment or bias based upon these grounds.

As an employer and government contractor, we comply with government regulations and affirmative action responsibilities.

In order to help us comply with government record keeping, reporting and other legal requirements, we request that you complete the Applicant Data Record. The completion of this form is voluntary.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for employment.

Name: _____ Social Security Number: _____

Position(s) Applied For: _____ Date: _____

Referral Source: Advertisement Friend Relative Employment Agency Other

Please list Referral Source Below:

Name: _____ Phone: _____

Address: _____

Affirmative Action Survey

Government Agencies require periodic reports on the sex, ethnicity, handicap and veteran status of applicants. This data is for analysis and affirmative action only.

Check One: Male Female

CHECK ONE OF THE FOLLOWING RACE/ETHNIC GROUPS:

White/Not of Hispanic origin Black/Not of Hispanic origin Asian/Pacific Islander
Hispanic American Indian/Alaska Native

CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

Handicapped Person A Veteran A Disabled Veteran

Veteran Information

To be eligible for veteran's points, you must be a citizen and resident of Iowa.

Are you a citizen and resident of Iowa? _____

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Veteran Points

(Merit Positions which use point-rated qualifying examination only)

If you are a veteran of the United States Armed Forces with an honorable discharge, you may qualify for veteran points. Upon presentation of Form DD214, the school gives veteran's preference points as required by law to qualified disabled veterans and veterans with an honorable discharge who served in any war in which the United States has been engaged, including:
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1. Persian Gulf Conflict Service, August 2, 1990 – no ending date yet established
2. Lebanon, Grenada, and Panama – based on award of Armed Forces Expeditionary medal
3. Vietnam Era – August 5, 1964 – May 7, 1975
4. Korea – June 25, 1950 – January 31, 1955
5. World War II – December 7, 1941 – December 31, 1946.

To claim the five veteran's points, you must submit proof of service (such as DD-214) that includes the date of induction, date of honorable separation, and social security number. This will be kept as long as you are an active applicant, so send a photocopy only. Veterans who wish to claim an additional five points for a service connected disability must also submit proof of disability from the Veteran's Administration dated within the last 12 months. If your name has been changed from that listed on your separation document, print it at the top of the document as it appears on this application. Persons receiving a Purple Heart award must submit a copy of an official document from the Veterans Administration or Defense Department as proof to have 10 points added to their final score.

Persons who served on active duty for training purposes only, such as active reservists who served six months, are not eligible for veteran's preference unless they were discharged for a service-connected disability.

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Veteran's Preference Law (Code of Iowa – Chapter 35C)

(Non-Merit Positions and Merit Positions which do not use a point-rated qualifying exam)

Applicants who were honorably discharged from the military of the United States, were involved in any war which the United States was or is now engaged, and is a citizen and resident of the state of Iowa, shall be entitled to preference in appointment and employment over other applicants of no greater qualifications. Obligation of verification lies with the applicant.