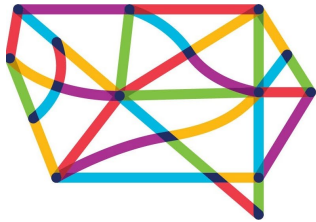


## **APPLICATION FOR EMPLOYMENT**

Complete this application in detail. Incomplete applications may be returned or may result in disqualification or a lower score rating.

**Position Applied For :** \_\_\_\_\_



# **Iowa Education for Deaf & Blind**

[www.iowaschoolforthe deaf.org](http://www.iowaschoolforthe deaf.org)

[www.iesbvi.org](http://www.iesbvi.org)

**Iowa School for the Deaf  
&  
Iowa Educational Services for the Blind and Visually Impaired**

### **Direct Questions to:**

Human Resources  
3501 Harry Langdon Blvd  
Council Bluffs, IA 51503

Phone: 712-366-0571  
Fax: 712-366-3218  
[human.resources@jaedb.org](mailto:human.resources@jaedb.org)

**APPLICATION FOR EMPLOYMENT GENERAL INFORMATION** (Please Print or Type)

Date: \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address: \_\_\_\_\_  
Street City State Zip

Phone Number: \_\_\_\_\_ Voice Voice/Text Text only VP: \_\_\_\_\_

Email: \_\_\_\_\_

Are you a former employee of ISD or IBSSS/IESBVI? Yes \_\_\_ No \_\_\_

If yes, please specify job title and beginning/end dates of employment:

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**EMPLOYMENT AND WORK SCHEDULE DESIRED**

How soon are you available for employment: \_\_\_\_\_

Please indicate your preference - check all that apply:

Full time \_\_\_ Part time \_\_\_ Substitute \_\_\_

All year \_\_\_ School year \_\_\_ Summer \_\_\_

Days \_\_\_ Evenings \_\_\_ Nights (11-7) \_\_\_ Weekends \_\_\_

(IESBVI only) Number areas of the state in preferred order to work, #1 being the most preferred and number all, 1-5.

Northeast Iowa \_\_\_ Southeast Iowa \_\_\_ Southwest Iowa \_\_\_ Northwest Iowa \_\_\_  
Central Iowa \_\_\_ No Preference \_\_\_

**REQUIRED INFORMATION**

Have you ever been known by any other name(s) (e.g. maiden name, alias)? Yes \_\_\_ No \_\_\_

If yes, give name(s): \_\_\_\_\_

Do you have any relatives now employed at ISD/IESBVI? Yes \_\_\_ No \_\_\_

If yes, indicate name, dept., and relationship: \_\_\_\_\_

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

Do you have a valid U.S. Driver's license? Yes \_\_\_ No \_\_\_ State: \_\_\_\_\_

Have you ever been convicted of a crime in this state or any other state? Yes \_\_\_ No \_\_\_

If yes, state nature of offense and state: \_\_\_\_\_

Do you have a record of founded child or dependent adult abuse? Yes \_\_\_ No \_\_\_

If yes, state nature of offense and state: \_\_\_\_\_

**SPECIAL SKILLS, CERTIFICATIONS OR LICENSES**

List any relevant certifications or licenses

Skills: \_\_\_\_\_

Name of Trade or Profession: \_\_\_\_\_

License Number \_\_\_\_\_ Issued By \_\_\_\_\_

Expiration Date \_\_\_\_\_

Teachers: Endorsements/Approvals:

\_\_\_\_\_  
\_\_\_\_\_

If you are applying for a teaching position, attach a copy of your current teaching certificate.

**EDUCATION RECORD**

Are you working toward a degree? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what degree? Major \_\_\_\_\_ Minor \_\_\_\_\_

Anticipated completion date \_\_\_\_\_

Schools attended beyond high school:

Name \_\_\_\_\_

Location \_\_\_\_\_

Field of study/area of concentration: Major \_\_\_\_\_ Minor \_\_\_\_\_

Degree obtained (i.e. AA; BA; MA): \_\_\_\_\_

Name \_\_\_\_\_

Location \_\_\_\_\_

Field of study/area of concentration: Major \_\_\_\_\_ Minor \_\_\_\_\_

Degree obtained (i.e. AA; BA; MA): \_\_\_\_\_

Name \_\_\_\_\_

Location \_\_\_\_\_

Field of study/area of concentration: Major \_\_\_\_\_ Minor \_\_\_\_\_

Degree obtained (i.e. AA; BA; MA): \_\_\_\_\_

## EMPLOYMENT HISTORY

Begin with most recent job. Use additional space / paper if necessary.

Firm Name (Department)	From: Mo/Yr	Title
Street	To: Mo/Yr	Duties/Equipment Used
City, State, Zip Code	Starting Salary	
Telephone (include area code) Voice Text VP	Final Salary	
Supervisor's Name May we contact? Yes No	Hrs. worked per week	Reason for wanting to leave
Firm Name (Department)	From: Mo/Yr	Title
Street	To: Mo/Yr	Duties/Equipment Used
City, State, Zip Code	Starting Salary	
Telephone (include area code) Voice Text VP	Final Salary	
Supervisor's Name May we contact? Yes No	Hrs. worked per week	Reason for wanting to leave
Firm Name (Department)	From: Mo/Yr	Title
Street	To: Mo/Yr	Duties/Equipment Used
City, State, Zip Code	Starting Salary	
Telephone (include area code) Voice Text VP	Final Salary	
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Street	To: Mo/Yr	Duties/Equipment Used
City, State, Zip Code	Starting Salary	
Telephone (include area code) Voice Text VP	Final Salary	
Supervisor's Name May we contact? Yes No	Hrs. worked per week	Reason for wanting to leave

**REFERENCES**

Give the names of at least three people, **other than friends or relatives**, who are familiar with your work qualifications and who have known you at least one year. Applications with incomplete reference information may be disregarded.

**1. Name/Profession** \_\_\_\_\_  
 Daytime phone \_\_\_\_\_ Voice Text VP  
 Email address: \_\_\_\_\_ Years known \_\_\_\_\_  
 How does this individual know your work? \_\_\_\_\_

**2. Name/Profession** \_\_\_\_\_  
 Daytime phone \_\_\_\_\_ Voice Text VP  
 Email address: \_\_\_\_\_ Years known \_\_\_\_\_  
 How does this individual know your work? \_\_\_\_\_

**3. Name/Profession** \_\_\_\_\_  
 Daytime phone \_\_\_\_\_ Voice Text VP  
 Email address: \_\_\_\_\_ Years known \_\_\_\_\_  
 How does this individual know your work? \_\_\_\_\_

**PLEASE READ BEFORE SIGNING**  
 I hereby certify that the facts set forth on this application are true and complete. I hereby authorize Iowa School for the Deaf/Iowa Educational Services for the Blind and Visually Impaired 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 and adult 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, ISD/IESBVI may require that I submit to pre-employment drug testing as mandated by Federal Department of Transportation regulations.

**SIGN HERE IN INK:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADDITIONAL SPACE IF NEEDED**

**Equal Employment Opportunity and Treatment**

Qualified applicants are eligible to compete for all positions regardless of race, color, national origin, religion, sex, sexual orientation, gender identity, age, marital status, disability, or other classes protected by law if the applicant, with or without reasonable accommodation, is able to perform the essential functions of the position.

## Optional Information

How did you learn of this position opening? \_\_\_\_\_

### Veteran's Status

\_\_\_\_\_ Not a Veteran      \_\_\_\_\_ Veteran      \_\_\_\_\_ Disabled Veteran

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 during specified periods. The periods are:

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

Applicants wishing to receive a 10-point preference based on a service-connected disability must submit a "10-Point Preference" letter issued by the Veterans Administration and dated within the last 12 months. 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.

### Veteran's Points

(Merit Positions Only)

To claim 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 and then update it every 12 months thereafter to verify continued eligibility. 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. To be eligible for veteran's points, you must be a citizen and resident of Iowa.

**Do you now maintain a residence in Iowa?** \_\_\_\_\_

### Veteran's Preference Law (Code of Iowa - Chapter 70)

(Non-Merit Positions Only)

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.