



Iowa Education for Deaf & Blind

Supplemental Application

Applicants for Faculty and P&S positions at Iowa Educational Services for the Blind and Visually Impaired (IESBVI) and Iowa School for the Deaf (ISD) must complete this application, in addition to submitting a cover letter, resume, and other requested materials. Email completed form to human.resources@iaedb.org, or mail to:

Attn: Director of Human Resources
IEDB
3501 Harry Langdon Blvd
Council Bluffs, IA 51503

SECTION 1 – CONTACT INFORMATION

Full Name (First Mi. Last):

Email Address:

Street Address:

City/State/Zip:

Primary Phone:

Secondary Phone:

SECTION 2 – APPLICANT INFORMATION

1. Are you now, or have you ever been, employed by IESBVI, ISD, another Iowa Board of Regents' institution, or other state of Iowa agency? Yes No

If yes, state name of institution/agency, position(s) held, and dates of employment:

Institution/Agency:

Mo/Yr:

to Mo/Yr:

Position Title(s):

2. If applying for a position with IESBVI, indicate your regional preference(s), if any, within Iowa. This will be taken into consideration if flexibility exists in determining an office location for this position (check all that apply):

NE Iowa SE Iowa NW Iowa SW Iowa Central Iowa No Preference

Are you willing to relocate? Yes No

3. Do you have a valid teaching license or do you expect to have one by the start date of the position for which you are applying? Yes No

If yes, complete the following:

State of Issuance:

Endorsements/Approvals:

License Number:

Issue Date (or expected):

Date of Expiration:

4. Do you have a valid driver's license issued in the U.S.? Yes No

5. Since the age of 18, have you been convicted of a felony or misdemeanor other than a traffic violation? (A conviction will not necessarily disqualify you) Yes No

If yes, list offense and date(s) of conviction(s) (For example, Theft I, Forgery II, etc.):

6. Employment is subject to verification of an applicant's identity and eligibility for employment as required by immigration laws. If hired, will you be able to provide evidence that you are legally permitted to work in the United States? Yes No

SECTION 3 – PROFESSIONAL REFERENCES

Provide the names and contact information for three people who are familiar with your work qualifications and who have known you at least one year. Personal friends and/or relatives cannot serve as references.

1. Name:	Title/Profession:
Company/Organization:	Email Address:
Phone:	Alternate Phone:
2. Name:	Title/Profession:
Company/Organization:	Email Address:
Phone:	Alternate Phone:
3. Name:	Title/Profession:
Company/Organization:	Email Address:
Phone:	Alternate Phone:

SECTION 4 – VETERAN’S PREFERENCE

Upon request, veteran’s preference shall be applied to honorably discharged veterans as defined in Iowa Code Chapter 35C who are residents of Iowa. Former members of the reserve forces or Iowa National Guard who served at least 20 years after January 28, 1973 are eligible. Reserve force or Iowa National Guard veterans who were activated for federal duty, other than training, for a minimum of 90 days and were discharged under honorable conditions or retired under Title 10, United States Code are eligible. Veterans with a service-connected disability, a Purple Heart, or who are receiving disability compensation or pension through the U.S. Veterans Administration may also request veteran’s preference.

Do you want to be considered for Veteran’s Preference? Yes No

If yes, you must submit official documentation for military service or proof of Disabled Veteran status. Official documentation for military service is a DD214. Official documentation for Disabled Veteran status is a Veteran’s Administration (V.A.) disability rating sheet and/or letter stating disability status from the V.A. Documentation can be emailed or mailed to the address at the top of this form.

SECTION 5 – READ BEFORE SIGNING

By signing below, or by typing my name in the signature field and transmitting the electronic document, I certify and affirm that all information provided in this application of employment, as well as any accompanying application materials, is true and complete. I understand that:

- Any false statement or omission of facts may be sufficient cause, in and of itself, to disqualify me from further consideration for employment and if learned after my employment, may be justification for dismissal when discovered.
- Information on this application and any documents submitted to be included with this application may, in compliance with Iowa Code Chapter 22, become public records and may be made available to the public upon request. Only information deemed confidential in accordance with applicable statutes may be withheld from public disclosure.
- I authorize the IESBVI, ISD, or its agent to investigate my employment and education history, and to conduct necessary background checks if required for the position for which I am being considered. I authorize any persons, companies, corporations and/or educational institutions with whom I have been associated to furnish IESBVI or ISD with true and accurate information concerning my employment and education, and I hereby release any and all of them from all liability for furnishing such information.

Applicant Signature:

Date: