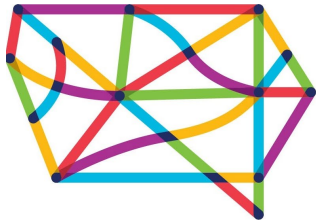


APPLICATION FOR EMPLOYMENT

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

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

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:

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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Telephone (include area code) Voice Text VP	Final Salary	
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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

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.