

Application for Employment

Last Name	First Name	Middle Name or Initial	
-			-
Number and Street	City	State	Zip
() -		() -	
Phone (area code) number – day		Phone (area code) number – evening	
E-mail Address			

GENERAL INSTRUCTIONS: An incomplete application, including failure to sign the application may result in the application being returned. Please use typewriter or pen if you are printing this form to fill out manually. Otherwise tab from gray box to gray box and type your responses.

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. To assist you in completing the application, you may request job specifications from the Department of Education. 2. All information must be entered on the application. Resumes may only be used to supplement the application, not as a substitute. 3. All applications for professional staff positions must include a current set of transcripts. 4. The Department may contact you later for other information or documents. | <ol style="list-style-type: none"> 5. We will not return your application nor other materials sent to us. Make photocopies before submitting if you think they will be needed. 6. It is your responsibility to keep us informed of changes in name, address or availability. The latest application submitted to us will determine your availability for all jobs. 7. A complete application will be kept in active status a minimum of six months. This period may be extended when requested by the applicant. |
|---|---|

State the Job Title(s) for which you are applying:

1.
2.
3.

It is the policy of the Iowa Department of Education not to discriminate on the basis of race, creed, color, sexual orientation, gender identity, national origin, gender, disability, religion, age, political party affiliation, or actual or potential parental, family or marital status in its programs, activities, or employment practices as required by the Iowa Code sections 216.9 and 256.10(2), Titles VI and VII of the Civil Rights Act of 1964 (42 U.S.C. § 2000d and 2000e), the Equal Pay Act of 1973 (29 U.S.C. § 206, *et seq.*), Title IX (Educational Amendments, 20 U.S.C. §§ 1681 – 1688), Section 504 (Rehabilitation Act of 1973, 29 U.S.C. § 794), and the Americans with Disabilities Act (42 U.S.C. § 12101, *et seq.*).

If you have questions or grievances related to compliance with this policy by the Iowa Department of Education, please contact the legal counsel for the Iowa Department of Education, Grimes State Office Building, Des Moines, IA 50319-0146, telephone number 515/281-5295, or the Director of the Office for Civil Rights, U.S. Department of Education, 111 N. Canal Street, Suite 1053, Chicago, IL 60606-7204.

EXPERIENCE:

List your work experience, starting with the most recent. If you have had more than one position with the same organization or in the case of the military had different assignments, list each separately.

IMPORTANT:

You must describe your experience in detail so that the Department can fairly assess the level of responsibility. Include the number and titles of people supervised and equipment or facilities managed.

To describe additional work or add more detail to the "duties" section, complete a blank sheet of paper using the same format as here and identify the job to which it relates.

		From		
Organization	Kind of Work	Mo	Day	Year
		To		
Address	City	State	Zip	Mo Day Year
		Average number of hours worked per week:		
Your Title	Supervisor's Title	Annual Salary: \$		
Duties:				

		From		
Organization	Kind of Work	Mo	Day	Year
		To		
Address	City	State	Zip	Mo Day Year
		Average number of hours worked per week:		
Your Title	Supervisor's Title	Annual Salary: \$		
Duties:				

		From		
Organization	Kind of Work	Mo	Day	Year
		To		
Address	City	State	Zip	Mo Day Year
		Average number of hours worked per week:		
Your Title	Supervisor's Title	Annual Salary: \$		
Duties:				

		From
Organization	Kind of Work	Mo Day Year
		To
Address	City State Zip	Mo Day Year Average number of hours worked per week:
Your Title	Supervisor's Title	
Duties:		

		From
Organization	Kind of Work	Mo Day Year
		To
Address	City State Zip	Mo Day Year Average number of hours worked per week:
Your Title	Supervisor's Title	
Duties:		

		From
Organization	Kind of Work	Mo Day Year
		To
Address	City State Zip	Mo Day Year Average number of hours worked per week:
Your Title	Supervisor's Title	
Duties:		

EDUCATION RECORD

Name and location of schools or training beyond high school	Dates Attended Mo - Yr to Mo - Yr	Credit Rec'd		Field of study or area of concentration		Type of degree obtained
		Quarter Hours	Semester Hours	Major	Minor	

If you have not completed your course of study yet, please give the anticipated completion date:

SPECIAL SKILLS, LICENSURE, LANGUAGES, ETC.

Some job vacancies may have special requirements for candidates to qualify. Some general examples are nursing certification, sign language proficiency, licensed psychologist, etc. If you hold a current Iowa teaching certificate/license, please list your folder number and any teaching or administrative endorsements. Note special skills and other qualifications you have that may be applicable to the jobs for which you are applying.

VETERAN'S PREFERENCE QUALIFICATION

Veteran's Preference Qualification: To claim veteran's preference, you must submit proof of service (such as a 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. 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.

READ BEFORE SIGNING

I CERTIFY that this application contains no willful misrepresentations and that the information is true and complete to the best of my knowledge. I understand that should investigation at any time disclose any misrepresentations, my application will be rejected, my name will be removed from the consideration employment, and I will be dismissed from state service if employed. I also understand that in compliance with Chapter 22, Iowa code, information on this application will be available to the public upon request.

I request confidential treatment of my application for employment.

Signature: _____ Date: _____

APPLICANT SURVEY

The Department of Education is committed to the principles of Equal Employment Opportunity and Affirmative Action. Your assistance in helping us to collect information about job applicants would be appreciated. Please share some information about yourself to assist us in doing this. The information is used only for program evaluations and reporting requirements, and is removed before your application is processed. PLEASE WRITE YOUR NUMBERED RESPONSES TO ITEMS A THROUGH F IN THE CORRESPONDING BOXES.

A	B	C	D	E	F
<input type="text"/>					

A. What sex are you?

- 0. Male
- 1. Female

B. What is your age?

- 0. 19-29
- 1. 30-39
- 2. 40-49
- 3. 50-59
- 4. 60-69
- 5. 70 or over

C. What is the highest level of education you have attained?

- 0. BA, BS or similar undergraduate degree
- 1. MA, MS or similar graduate degree
- 2. PhD, JD or similar professional degree

D. Of which racial/ethnic group do you consider yourself a member?

- 0. White: Origins in any of the original peoples of Europe, North Africa, or the Middle East.
- 1. Black: Origins in any of the black racial groups.
- 2. Asian/Pacific Islander: Origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent, or the Pacific Islands.
- 3. American Indian/Alaskan Native: Origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- 4. Hispanic: persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.

E. Do you consider yourself to be, are you regarded as being, or do you have a record of being mentally or physically disabled?

- 0. No
- 1. Yes
- 2. Decline to answer

F. How did you learn about this job?

- 0. State agency or employee
- 1. Friend
- 2. Iowa Department of Personnel Reception Desk
- 3. Referral Agency (non-state) – Identify:

- 4. Newspaper or periodical
- 5. Other – Identify

