

EXPERIENCE RECORD

- List your work experience, starting with the most recent. If you have held more than one job with the same organization, list each separately. Explain any gaps in employment.
The information you give in the "Duties" section is used to determine your qualifications. For those jobs requiring an education and experience rating, this information is the basis for that rating. Incomplete descriptions may result in lower ratings or your not being qualified.
- Describe your experience in sufficient detail so that we can fairly assess your level of responsibility. Include the number and titles of people supervised and equipment or facilities managed/used.
- Only list volunteer and homemaker experience when related to the specific position for which you are applying. This experience will be evaluated in the same manner as paid employment and should be described here in the same way.
- To describe additional work experience or add more detail to the "Duties" section, complete a blank sheet of paper using the same format as used here and identify the job to which it relates. A RESUME MAY NOT BE SUBSTITUTED FOR INFORMATION REQUESTED BELOW.
- Pre-employment testing is required for selected positions.
- Previous/present employers may be contacted for a reference.

_____ PLACE OF EMPLOYMENT	_____ NATURE OF WORK	FROM _____ MO DAY YEAR
_____ ADDRESS (STREET/BOX NUMBER)	_____ YOUR TITLE	TO _____ MO DAY YEAR
_____ CITY STATE ZIP CODE	_____ SUPERVISOR'S NAME & TITLE	Average number of hours worked per week _____
_____ PHONE	_____ REASON FOR LEAVING	
Duties:		

_____ PLACE OF EMPLOYMENT	_____ NATURE OF WORK	FROM _____ MO DAY YEAR
_____ ADDRESS (STREET/BOX NUMBER)	_____ YOUR TITLE	TO _____ MO DAY YEAR
_____ CITY STATE ZIP CODE	_____ SUPERVISOR'S NAME & TITLE	Average number of hours worked per week _____
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_____ ADDRESS (STREET/BOX NUMBER)	_____ YOUR TITLE	TO _____ MO DAY YEAR
_____ CITY STATE ZIP CODE	_____ SUPERVISOR'S NAME & TITLE	Average number of hours worked per week _____
_____ PHONE	_____ REASON FOR LEAVING	
Duties:		

PRESENT SKILLS

- CPR First Aid Valid Iowa Driver's License Receptionist/PBX
- Accounting/Bookkeeping Clerical/Secretarial Machine Transcription
- Word Processing Computer Typing, WPM _____

Computer Software Used: _____

List any other skills, special training, certifications, or experiences that would apply to the position for which you are applying.

OTHER COMMUNITY INVOLVEMENT & HOBBIES

Include any community involvement (ie: church, school, non-profit agency, etc.) *If you want volunteer experience considered, complete the Experience Record section.

AVAILABILITY Earliest Date Available to Begin Work _____

CHECK ALL BOXES THAT APPLY TO YOUR AVAILABILITY CHOICES FOLLOWING EACH QUESTION:

How many hours do you wish to work per week?

- FULL TIME** 40 hours per week.
- PART-TIME** Less than 40 hours per week. Number of hours desired _____.

Which employment conditions will you accept?

- DAYS** Usually 8 am - 4:30 pm
- EVENINGS** Usually 4 pm - 12 midnight
- NIGHTS** Usually 12 midnight - 8 am
- ANY** Willing to work day, evening, night or varied hours.

.. **NOTE:** Evening, weekend and holiday work is required for most positions.

REFERENCES: Please give names, address, telephone numbers and relationship of three persons who are not related to you whom we may contact for recommendations.

Name and Address	Telephone Number	Relationship
	()	
	()	
	()	

VETERAN'S PREFERENCE

To claim veteran's preference, you must submit proof of your service (such as a DD-214) that includes the date of induction, date of honorable separation and social security number. Veterans who wish to claim 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. Proof of service or disability will become the property of DCS and will not be returned. If your name has been changed from that listed on your military separation document, print it at the top of the document as it appears on this application. To be eligible for veterans' preference, you must be a U.S. citizen and resident of Iowa

Do you now maintain a residence in Iowa? Yes No

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 otherwise, my application may be rejected, my name may be removed from consideration for employment, I may be dismissed from District service if employed, and I may be disqualified from applying for any other position under the jurisdiction of the Sixth Judicial District Department of Correctional Services. I also understand that, in compliance with Iowa Code Chapter 22, information on this application and any documents submitted to be included with the application may be public records and may be available to the public upon request, except for information deemed confidential by the Sixth Judicial District Department of Correctional Services, in accordance with applicable statutes. Further, I understand that if this application is not signed, it may be rejected. Finally, I understand that in signing the Application for Employment, I am consenting to any reasonable inquiry that may be necessary to verify the information I have provided on this form or may provide in conjunction with my application.

SIGN HERE IN INK: _____

DATE: _____

RETURN TO: Personnel, 951 29th Avenue SW, Cedar Rapids, IA 52404

APPLICANT SURVEY

The Sixth Judicial District Department of Correctional Services is committed to Equal Employment Opportunity and Affirmative Action. To evaluate the success of our AA/EEO program we must collect information about job applicants. Please share some information about yourself to assist us in doing this. This information is voluntary and is used for program evaluations, reporting requirements, and affirmative action referrals. **This section is not utilized in the screening/selection process.**

PLEASE WRITE YOUR NUMBERED RESPONSES TO ITEMS A THROUGH G IN THE CORRESPONDING BOXES.

	A	B	C	D	E	F	G
A. What sex are you? 0. Male 1. Female	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- B. What is your age?
0. under 18
1. 18-29
2. 30-39
3. 40-49
4. 50-59
5. 60-69
6. 70 or over

- C. What is the highest level of education you have attained?
0. 0-8 years
1. 9-12 years, but not a high school graduate
2. High school graduate or GED
3. Post high school vocational or business school training
4. AA, AS or similar undergraduate degree
5. Some college, less than BA or BS degree
6. BA, BS or similar undergraduate degree
7. BA, BS or similar undergraduate degree with some graduate college
8. MA, MS or similar graduate degree
9. PHD, JD, or similar professional degree
10. MD or similar professional degree

- D. Of which racial or ethnic group do you consider yourself a member?
0. White
1. African American
2. Asian
3. Native American
4. Spanish American
5. Mexican American
6. Other

- E. Do you consider yourself to be, are you regarded by others as being, or do you have a record of being physically or mentally disabled?
0. No
1. Yes

- F. Are you a veteran?
0. No
1. Yes

- G. How did you learn about this job?
0. Employee of Department
1. Department of Employment Services (Job Service Division)
2. Posting on bulletin board at _____
3. Referral Agency (non-state) _____
4. Newspaper
5. Contacted on own
6. Other - Identify _____