

SECOND JUDICIAL DISTRICT DEPARTMENT OF CORRECTIONAL SERVICES APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: *Please complete application in entirety. Resumes are not accepted.*

This application may be subject to pre-employment background screening by the Department's Human Resources Department and/or hiring supervisor(s), including educational and professional credentials, past employment, and court records. All statements made within must be true and correct; any misstatements or omission of material facts in this application or the hiring process could result in disqualification.

Position Applying For				Date:		
Job Title:					Minimum Acceptable Salary:	
Seeking:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	Date Available:			
Willing to work:	<input type="checkbox"/> Evenings	<input type="checkbox"/> Nights	<input type="checkbox"/> Weekends			

Personal Information

Name:							
Social Security Number (optional):			Home Phone:		Alternate Phone:		
Current Home Address:							
Current City, State, Zip:							
List previous residences:		City		State	When? (Example: 1998 – 2001)		
1							
2							
3							
4							
US Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, are you able to provide evidence of identity and employment eligibility?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Visa #				Date of Expiration:			
Do you possess a valid driver's license?				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If "no", do you have means of transportation if travel is required on the job for which you are applying?							
List any traffic violations you have had within the last 5 years: (List violation and year)							

This Department will not deny employment to any applicant solely because the person has been convicted of a crime. The Department, however, may consider the nature, date, and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for.

Have you ever been convicted of a crime other than minor traffic violation(s)?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please briefly describe the nature of the crime(s), the date, and place of conviction and the legal disposition of the case.					
Are you currently out on bail or released on your own recognizance pending trial?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any pending charges against you?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you related to any Second Judicial District employee who is in a supervisory position?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "yes", please indicate his/her name and title:					

Applicant Name:		Indicate # of pages: Example: Page 2 of 5	Page #:		of	
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Duplicate this page if additional pages are needed to completely furnish your educational history. Be sure to include your name on each page and indicate the page number and the number of pages in the entire application. Staple or otherwise fasten your application before submitting.

Education

Did you graduate from high school?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Proof of highest level of education must accompany this application; for college include a photocopy of transcripts.
If "no", do you hold a GED Certificate?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Have you graduated from college?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Post High School Education		From	To	Major or course work		Degree earned; if no degree, # of credits
Name & Location of School		Mo./Yr.	Mo./Yr			
Name				Major:		
Street				Minor:		
City						
St, Zip						
Indicate if system was based on quarters or semesters:				<input type="checkbox"/> Quarters	<input type="checkbox"/> Semesters	
Name				Major:		
Street				Minor:		
City						
St, Zip						
Indicate if system was based on quarters or semesters:				<input type="checkbox"/> Quarters	<input type="checkbox"/> Semesters	
Name				Major:		
Street				Minor:		
City						
St, Zip						
Indicate if system was based on quarters or semesters:				<input type="checkbox"/> Quarters	<input type="checkbox"/> Semesters	

Veterans Preference

Those veterans honorably discharged from services within the designated periods as established by law (35C.1 of the Code of Iowa) may claim preference by submitting proof of service along with this application (such as discharge papers that includes date of induction and separation). Please submit a photocopy - the copy cannot be returned.

To claim preference for a service connected disability, you must submit proof of eligibility from the Veteran's Administration dated within the last 12 months along with this application. Please submit a photocopy - the copy cannot be returned.

An Equal Employment Opportunity Employer.

Qualified applicants are eligible to compete for all positions without regard to race, color, national origin, sex, creed, religion, age, physical or mental disability, or marital status.

Applicant Name:		Indicate # of pages: Example: Page 2 of 5	Page #:		of	
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Duplicate this page if additional pages are needed to completely furnish your employment history.

EMPLOYMENT HISTORY (Begin with current/most recent employment.)

Employer							
Address							
Type of Business				Your Title			
If employed full-time indicate:	Years:		Months:		(Date) From:		To:
If employed part-time indicate:	Years:		Months:		(Date) From:		To:
If employed part-time indicate how many hours worked per week:			Reason for Leaving:				
List number and title(s) of employees supervised:							
Your Supervisor's Name:					Current salary or salary at time of termination:		
% of time	Duties (Be Specific)						
%							
%							
%							
%							
%							
Employer							
Address							
Type of Business				Your Title:			
If employed full-time indicate:	Years:		Months:		(Date) From:		To:
If employed part-time indicate:	Years:		Months:		(Date) From:		To:
If employed part-time indicate how many hours worked per week:			Reason for Leaving:				
List number and title(s) of employees supervised:							
Your Supervisor's Name:					Current salary or salary at time of termination:		
% of time	Duties (Be Specific)						
%							
%							
%							
%							
%							

Applicant Name:		Indicate # of pages: Example: Page 2 of 5	Page #:		of	
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If employed full-time indicate:	Years:		Months:		(Date) From:		To:
If employed part-time indicate:	Years:		Months:		(Date) From:		To:
If employed part-time indicate how many hours worked per week:			Reason for Leaving:				
List number and title(s) of employees supervised:							
Your Supervisor's Name:					Current salary or salary at time of termination:		
% of time	Duties (Be Specific)						
%							
%							
%							
%							
%							
Employer							
Address							
Type of Business				Your Title:			
If employed full-time indicate:	Years:		Months:		(Date) From:		To:
If employed part-time indicate:	Years:		Months:		(Date) From:		To:
If employed part-time indicate how many hours worked per week:			Reason for Leaving:				
List number and title(s) of employees supervised:							
Your Supervisor's Name:					Current salary or salary at time of termination:		
% of time	Duties (Be Specific)						
%							
%							
%							
%							
%							

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Present Skills (All applicants please complete)

List any other information, skills, special training, or experiences you have had relevant to the position you are applying for (include any special licenses, certifications, or registrations you hold):

Other Skills (All applicants please complete)

Keyboard/Typing Experience				Iowa Corrections Offender Network Experience				Bookkeeping Experience			
Indicate	Yrs		Mo	Indicate	Yrs		Mo	Indicate	Yrs		Mo
	Office Machines You Are Proficient At:										
List :											
	Computer Software and Other Management Information Systems You Are Proficient At:										
List :											

Signature

I certify that the information contained in this entire application is correct to the best of my knowledge and understand that any misrepresentation or omission of information requested on this form constitutes grounds for rejection of my application. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal.

Applicant's Signature:		Date:	
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Background Waiver

I authorize the Second Judicial District Department of Correctional Services and its employees to check into my background to determine suitability for employment as a Departmental employee. Included herein is the gathering of information relative to violation(s) of law that have resulted in conviction(s).

In addition, my signature hereon will release other agencies, employers, and schools, their employees and/or agents, and any other individuals from liability for supplying background information to the Second Judicial District Department of Correctional Services. I realize that if I do not allow this release of information, this refusal shall be grounds for denying employment.

Applicant's Signature:		Date	
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Your completed application can be submitted via email to: 2ndCareers@iowa.gov or FAXed to 515-232-9453. However, your completed application must also be **printed, numbered, signed, and dated** and mailed to the address listed in the job posting you are responding to, or to: Administration Office, Department of Correctional Services, PO Box 623, Ames, IA 50010-0623. If questions: please call 515-232-1511, ext. 20.

AFFIRMATIVE ACTION APPLICANT DATA FORM (EMPLOYMENT)

The Second Judicial District Department of Correctional Services is a government agency subject to various federal laws and orders which require government agencies to take affirmative action to recruit, employ, and advance in employment all qualified individuals without discrimination on the basis of age, color, national origin, physical or mental handicaps, race, religion, sex, or status as veteran or a disabled veteran. In order that we might assess our efforts in this regard, we are requesting that you provide us with the information requested below. This information will be used in accordance with federal rules and regulations. A decision on your part to not provide it will not adversely affect the consideration given to your application for employment.

*This information must be kept separate from your application upon submission. Please send the Applicant Data Form to the **Attention: Human Resources, Department of Correctional Services, PO Box 623, Ames, IA 50010-0623** or fold and staple (or tape), clearly marking on the outside "To be given to Executive Officer" and return with your application.*

Position Description

Position Applied For:

Location (City) of Position:

Applicant Description

Name:

Address:

Gender Female Male

Veteran Yes No

Disabled Yes No

Race/Ethnicity (Place "X" in Box)

- | | | |
|----|--------------------------|---|
| A. | <input type="checkbox"/> | <i>White:</i> (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the middle East, or North Africa. |
| B. | <input type="checkbox"/> | <i>Black or African American:</i> (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa |
| C. | <input type="checkbox"/> | <i>Asian:</i> (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or Indian Subcontinent |
| D. | <input type="checkbox"/> | <i>American Indian or Alaska Native:</i> (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community recognition |
| E. | <input type="checkbox"/> | <i>Hispanic or Latino:</i> A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race |
| F. | <input type="checkbox"/> | <i>Native Hawaiian or Other Pacific Islander:</i> (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands |
| G. | <input type="checkbox"/> | <i>Two or More Races:</i> (Not Hispanic or Latino) – All persons who identify with more than one of the above five races |

Citizenship (Place "X" in Box)

- | | | |
|----|--------------------------|--------------------|
| A. | <input type="checkbox"/> | U.S. Citizen |
| B. | <input type="checkbox"/> | Permanent Resident |
| C. | <input type="checkbox"/> | Refugee |
| D. | <input type="checkbox"/> | Nonimmigrant |

Source(s) From Which You Learned of This Vacancy:

Date Form Completed: