

**FIRST JUDICIAL DISTRICT DEPARTMENT OF CORRECTIONAL SERVICES
EMPLOYMENT APPLICATION**

AA/EEO Employer

Minorities are Encouraged to Apply

Notice to Applications: You must submit a separate application for each open position for which you are applying within the time frames required for each position. Answer each question clearly and completely. Failure to sign and date this form may result in not being hired.

POSITION APPLYING FOR	
Position Classification:	Date:

PERSONAL INFORMATION	
Name:	
Phone Number: ()	Alternate Phone: ()
Street Address:	Driver's License #
City, State, Zip:	Email:
Please note that regular communication during the hiring process will be conducted through e-mail, so you are advised to regularly check your e-mail (including your junkmail/spam) for updated information or requirements.	
Are you able to provide evidence of identity and employment eligibility?	
Have you ever been convicted of a criminal offense? If yes, explain:	
Have you ever received a disciplinary suspension, been discharged, or forced to resign from a position? If yes, explain:	
Are you related to the Director, Assistant Director, Division Manager, Administrative Officer, or a member of the Board of Directors? If yes, explain:	
Have you ever been known by another name(s)? If yes, list name(s):	

EDUCATION			
Did you graduate from high school?		If no, do you hold a GED Certificate?	
Post High School Education Name & Location of School	# of Years Completed	Course of Work	Type of Degree Received
		Major:	
		Minor:	
		Major:	
		Minor:	

MILITARY SERVICE		
Upon request, veteran's points 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 points. Proof of disability from the Veterans Administration must be submitted. A certified DD-214 or other official document must be submitted for proof of service.		
Do you want to be considered for veterans points as explained above? such as a photocopy of your DD-214 form.		If yes, you must provide proof of service
Branch:	From: Mo Yr	To: Mo Yr

FOREIGN LANGUAGE

Language:

How Fluent Are You?:

PRESENT SKILLS

List any skills, special training, licenses, certifications, or registrations you hold that would apply to this position:

EMPLOYMENT HISTORY

(List most recent employment first - attach additional pages as necessary)

Employer:

Job Title:

Address:

From: Mo Yr

To: Mo Yr

City/State/Zip:

Supervisor:

Annual Salary:

Average Hours Per Week:

Phone: ()

Reason For Leaving:

Job Duties:

Employer:

Job Title:

Address:

From: Mo Yr

To: Mo Yr

City/State/Zip:

Supervisor:

Annual Salary:

Average Hours Per Week:

Phone: ()

Reason For Leaving:

Job Duties:

Employer:

Job Title:

Address:

From: Mo Yr

To: Mo Yr

City/State/Zip:

Supervisor:

Annual Salary:

Average Hours Per Week:

Phone: ()

Reason For Leaving:

Job Duties:

Employer:

Job Title:

Address:

From: Mo Yr

To: Mo Yr

City/State/Zip:

Supervisor:

Annual Salary:

Average Hours Per Week:

Phone: ()

Reason For Leaving:

Job Duties:

INTERN AND/OR VOLUNTEER EXPERIENCE

Employer:

Supervisor:

Address:

From: Mo Yr

To: Mo Yr

City/State/Zip:

Phone: ()

Intern or Volunteer?:

Total Hours:

Skills Learned:

PROFESSIONAL REFERENCES		
Name	Phone Number	Professional Relationship
	()	
	()	
	()	

PRISON RAPE ELIMINATION ACT (PREA)					
1.	Please list any prison, jail, lock-up, community confinement facility, juvenile facility or other institution you have previously worked in.				
2.	Have you engaged in sexual abuse in a prison, jail, lock-up, community confinement facility, juvenile facility or other institution?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3.	Have you been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.	Have you been civilly or administratively adjudicated to have engaged in the activities described in the previous two questions?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

ADDITIONAL INFORMATION
Additional information may be required to be submitted with this application. If so, the additional information required will be detailed on the posted vacancy notification. Applications submitted without the additional information requested will be rejected.

TOBACCO USE
Smoking, chewing tobacco and the use of any other tobacco products is prohibited in all of our owned and leased offices, in department vehicles, on all department grounds including public sidewalks, and parking lots.

SIGNATURE AND BACKGROUND WAIVER		
<p>I certify the information contained in this application is correct to the best of my knowledge and understand 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.</p> <p>I authorize the First Judicial District Department of Correctional Services and its employees and/or agents to check into my background to determine suitability for employment. Included herein is the gathering of information relative to a violation(s) of the law resulting in a conviction(s).</p> <p>In addition, my signature hereon will release other agencies, employers, and schools, their employees and/or agents from liability for supplying background information to the First Judicial District Department of Correctional Services. I realize if I do not allow this release of information, this refusal shall be grounds for denying employment.</p>		
<table border="1"> <tr> <td>Applicant's Signature:</td> <td>Date:</td> </tr> </table>	Applicant's Signature:	Date:
Applicant's Signature:	Date:	