

**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:							
Seeking:		Full Time		Part Time		Date Available:	
Willing to work:		Evenings		Nights		Weekends	
Minimum Acceptable Salary:							

Personal Information

Name:				
Phone:		Alternate Phone:		
Email address:				
Current Home Address:				
Current City, State, Zip:				
Are you able to provide evidence of identity and employment eligibility?			Yes	No
Do you possess a valid driver's license?			Yes	No
Driver's License Number				
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)?			Yes	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?			Yes	No
Do you have any pending charges against you?			Yes	No
Are you related to any Second Judicial District employee who is in a supervisory position?			Yes	No
If "yes", please indicate his/her name and title:				

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 DD214 Form). 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.

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:

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

Your completed application can be submitted as a .pdf document to: pattee.yetmar@iowa.gov.
Questions: please call 515-574-4017.

Duplicate this page if additional pages are needed to completely furnish your educational history

Education

Did you graduate from high school or hold a GED certificate?		Yes		No	Proof of highest level of education must accompany this application; for college include a photocopy of transcripts.
Have you graduated from college?		Yes		No	

Please indicate any language besides English which you can read and/or write.

Post High School Education							
Name & Location of School		# of years completed		Major or course work		Degree earned; if no degree, # of credits	
Name				Major:			
Street							
City				Minor:			
St, Zip							
Name				Major:			
Street							
City				Minor:			
St, Zip							
Name				Major:			
Street							
City				Minor:			
St, Zip							

Duplicate this page if additional pages are needed to completely furnish your employment history.

EMPLOYMENT HISTORY (Begin with current/most recent employment.) List each position held in the same organization separately. Under Duties: Describe your job in sufficient enough detail that we can fairly determine not only your tasks, but the level of responsibility.

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:				
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If employed part-time indicate how many hours worked per week:					Reason for Leaving:						
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Your Supervisor's Name:							Current salary or salary at time of termination:				
% of time	Duties (Be Specific)										

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):

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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 :													