



Application for State Employment

Hoover State Office Building, Level A
1305 East Walnut
Des Moines, IA 50319-0150
Phone: (515) 281-3087 Fax: (515) 281-7970
Website: das.hre.iowa.gov
E-mail: dashre.info@iowa.gov

SECTION 1: GENERAL INSTRUCTIONS

- This application will allow you to apply for specific state job opportunities.
- You **must** include the following information: **Job title, job vacancy number, your name, mailing address, education, and employment history.** You must also sign the application on page 5.
- An accurate job vacancy number is required to process your application to be considered for a position.
- Each vacancy listed in our job announcements includes specific application instructions, job vacancy numbers, and application deadline dates. Please follow those application instructions closely.
- **If you provide incomplete or inaccurate information, we may be unable to process your application.**
- You must ensure that this application is received on or before the announced deadline date, at the announced location. We are not responsible for late, lost, misdirected, or damaged mail.
- All mail will be sent to you at the address you provide on this form.
- For jobs requiring an exam at one of our examination centers, you will be notified by e-mail or U.S. mail. See Section 2 for typing tests.
- You may make clear photocopies of this form to submit as your official application. You will be charged for photocopying done by the Department of Administrative Services – Human Resources Enterprise (DAS-HRE).
- Students applying for internships must complete this application, *including* the Internship Supplement Section on page 6.
- Please use a blue or black ink pen when completing this application. Handwriting must be legible.

Applying for a State Job

- A list of current vacancies is available on DAS-HRE's website (das.hre.iowa.gov), all Iowa Workforce Development offices, state agency offices, and public libraries.
- Return your completed application by mailing it or delivering it to the address listed above, or by faxing it to (515) 281-7970. **IF FAXED, KEEP THE ORIGINAL.**
- This application will remain valid for two years. You may request to add vacancies, job titles, or update information by writing to the address or e-mail listed above, or by calling the automated call processing system at (515) 281-3087.
- All individuals hired must provide proof of their identity and eligibility to work in the United States at the time of hire.
- Applicants with a disability may request testing accommodations by calling (515) 281-3087 or by writing to the address or e-mail listed above. Hearing impaired applicants may contact us through **Relay Iowa** by calling 1-800-735-2943.

For More Information

Job vacancy information and application services for specific state jobs are available seven days a week, 24 hours a day, on our website at das.hre.iowa.gov.

You may also use our call processing system at any time to access our services by calling (515) 281-3087. When calling with multiple requests, **select one of the access numbers and leave your entire message there. Do not leave your message in more than one mailbox.** You may also send us an e-mail at dashre.info@iowa.gov to request information regarding the State's hiring process.

SECTION 2: APPLICANT DATA

Please Print

*First Name _____ M.I. _____ *Last Name _____

*Address Line 1 _____ Address Line 2 _____

*City _____ *State _____ *Zip _____

(_____) _____ (_____) _____ _____
 *Home Phone (with area code) Work Phone (with area code) Other Phone (i.e., mobile)

_____ _____
 E-mail Address Web Address

Fields with an asterisk () are required.

JOB TITLES (see instructions on page 1)
1. _____
2. _____
3. _____
4. _____

Job Vacancy Number*
1. _____
2. _____
3. _____
4. _____

*An accurate job vacancy number is required to process your application.

Preferred Method of Contact: E-mail U.S. Postal Service

Are you a permanent State of Iowa employee? Yes No

If Yes, please check one:

- Executive Branch – Non-Regents Executive Branch – Regents Judicial Branch Legislative Branch
 Community Based Corrections

If you work for the Executive Branch, in which department do you work? _____

Education													
Circle highest year of education completed													
1	2	3	4	5	6	7	8	9	10	11	12	High School graduate or equivalent (GED)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name and Location of Schools Attended Beyond High School	Dates Attended		Credit Received		Field of Study or Area of Concentration				Degree/ Certification				
	Mo/Yr	Mo/Yr	Quarter Hours	Semester Hours	Major	Hours	Minor	Hours					

If you are working toward a degree, please give the anticipated completion date: _____ **Do not send a transcript unless requested.**

GUIDELINES FOR ACCEPTING TYPING TEST SCORES ARE AS FOLLOWS:

We accept typing scores from the following sources: Iowa Workforce Development offices, high schools, temporary employment offices (e.g., Olsten or Kelly), private companies, or area community colleges. The criteria for accepting scores from these sources are:

- 1) Typing scores must be submitted on official letterhead of the company or school.
- 2) Scores must be signed and dated within the last six months by a teacher, test administrator, or human resource official.
- 3) The following information must be documented:
 - a) Gross number of words typed in a five-minute timed test.
 - b) Number of errors.
 - c) Net words per minute (one point deduction for each error).

Most Iowa Workforce Development offices will fax the results upon request. Our fax number is (515) 281-7970.

SECTION 3: EXPERIENCE

- List your work experience **starting with the most recent**. If you have held more than one job with the same organization, list each separately.
- **Provide complete descriptions of job duties, including the exact dates of employment and the average number of hours worked per week.**
- Describe your experience in detail. Include the number and titles of people supervised and equipment or facilities managed.
- Describe duties that are relevant to the position(s) for which you are applying, including any selectives.
- Describe volunteer and homemaker experience, if applicable.
- **Resumes submitted with the application must show dates of employment (month/day/year) and hours worked per week.**

1

Organization (most recent):			From _____ Month Day Year
Address:	City	State	Zip Code
			To _____ Month Day Year
Your Title:	Supervisor's Title:		Average number of hours worked per week: _____
Duties: _____ _____ _____			

2

Organization:			From _____ Month Day Year
Address:	City	State	Zip Code
			To _____ Month Day Year
Your Title:	Supervisor's Title:		Average number of hours worked per week: _____
Duties: _____ _____ _____			

3

Organization:			From _____ Month Day Year
Address:	City	State	Zip Code
			To _____ Month Day Year
Your Title:	Supervisor's Title:		Average number of hours worked per week: _____
Duties: _____ _____ _____			

You may describe additional work experience or add more detail to the "Duties" section on a separate sheet of paper. Use the same format as used here.

SECTION 4: APPLICANT SURVEY

This information is requested as a part of Iowa state government's responsibility to maintain a nondiscriminatory workplace and to provide equal employment opportunity for all. Your responses are deemed confidential, and this section is removed before your application is processed. The information you provide is only used in summary reports to assist the Department with planning, monitoring, and evaluating its equal opportunity programs. Providing this information is voluntary; however, your cooperation is critical to ensuring we have a diverse workforce. Your choice not to self-disclose will not adversely affect you as an applicant. **Please write your numbered response to questions A through F in the corresponding boxes.**

A. What is your gender?

0. Male
1. Female

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 your highest level of education?

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
4. Some college, less than BA or BS degree
5. BA, BS or similar undergraduate degree
6. MA, MS or similar graduate degree
7. PhD, JD or similar professional degree
8. MD or similar professional degree

D. Do you have a disability?

An individual with a disability is any person who: (1) has a physical or mental impairment that substantially limits one or more major life activities; (2) has a record of such impairment; (3) is regarded as having such an impairment.

Examples of disabilities:

Physical or mental impairment – Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hernic and lymphatic, skin and endocrine.

Major life activities – means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, working, and receiving education or vocational training.

0. No
1. Yes
2. Do not wish to self-disclose

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

0. *White*: (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa
1. *Black or African American*: (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa
2. *Asian*: (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or Indian Subcontinent
3. *American Indian or Alaska Native*: (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
4. *Hispanic or Latino*: A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race
5. *Native Hawaiian or Other Pacific Islander*: (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands
6. *Two or More Races*: (Not Hispanic or Latino) – All persons who identify with more than one of the above five races

F. How did you learn about this job?

0. State Agency – Direct contact with Department of Administrative Services – Human Resources Enterprise (DAS-HRE)
1. State Agency – Iowa Workforce Development (IWD) center or IWD Website
2. State Agency – Employee referral
3. State Agency – Contact with state agency other than DAS-HRE or IWD
4. Public Library
5. Website – Website other than DAS-HRE and IWD websites
6. Campus recruiting/career services
7. Newspaper, periodical or trade journal
8. Job fair attended by a State of Iowa agency
9. **Website – DAS-HRE website**
10. Website – Other Internet website
11. Temporary Staffing Agency/PEO/Search Firm
12. Other

SECTION 5: SPECIAL REQUIREMENTS OR QUALIFICATIONS

Special Requirements or Qualifications

Some jobs have special requirements. They will be found on the vacancy announcement and/or the job class description in the section titled "Competencies Required," or "Selective Certification." Write needed information below.

Education	Quarter Hours	Semester Hours	Experience	Dates
				From
				To

List all languages, including American Sign Language, Braille and Tactile Braille, in addition to English, that you speak, read, and/or write fluently. For each language listed, indicate S for Speak, R for Read, or W for Write fluently. You will be required to demonstrate your skill in all areas and languages you indicate fluency. _____

If you possess a license or certificate to practice a trade or profession, complete the following:

Name of Trade or Profession: _____ License Number: _____

Issued by: _____ Specialty: _____ Expiration Date: _____

If a teacher's certificate, Endorsement Numbers: _____ Approval Numbers: _____

Veterans Points

Upon request, veterans points shall be applied to honorably discharged veterans as defined in Iowa Code Chapter 35C. Former members of the reserve forces or National Guard who served at least 20 years after January 28, 1973, are eligible. Reserve forces or 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 veterans points. Proof of disability from the Veterans Administration must be submitted and updated every two years. A copy of your certified DD214 must be submitted for proof of service.

Veterans Points: Do you want to be considered for veterans points? Yes No

If yes, you must provide proof of service by submitting a photocopy of your DD-214 form.

Read the Following before Signing

I certify that this application (and any copy or facsimile of same) and applicant survey contains no willful misrepresentation and that the information is true and complete to the best of my knowledge. I understand that:

- Should an investigation at any time disclose otherwise, my application may be rejected, my name may be removed from consideration for employment, I may be discharged from employment with the State of Iowa, and I may be disqualified from applying for any other position under the jurisdiction of the Iowa Department of Administrative Services – Human Resources Enterprise.
- Information on this application and any documents submitted to be included with this application may, in compliance with Iowa Code Chapter 22, become public record and may be made available to the public upon request. Only information deemed confidential in accordance with applicable statutes may be withheld from public disclosure.
- Background investigations may be conducted as part of this application for employment. These include, but are not limited to, inquiries relating to driving records for jobs requiring travel, inquiries about convictions where job related, and any other investigations deemed necessary and relevant by the employer.

The State of Iowa complies with the federal law requiring pre-employment, random, post-accident, reasonable suspicion, and return to duty drug and alcohol testing for all persons in positions requiring a Commercial Driver's License.

By signing this *Application for State Employment*, I am consenting to any reasonable inquiry that may be necessary to verify the information I have provided on this form or that I may otherwise provide in conjunction with my *Application for State Employment*.

Signature: _____ **Date:** _____

INTERNSHIP SUPPLEMENT

Complete this Section Only if Applying for an Internship

Name _____

Instructions

SUBMIT A LETTER FROM A BONA FIDE ACADEMIC OFFICIAL AT YOUR EDUCATIONAL INSTITUTION ATTESTING TO:
1). Your major area of study. 2). Whether this internship is for education program credit or needed for work experience.
3). If for credit, an outline of internship goals and objectives.

Agencies with internships list them on the DAS-HRE website at: <http://das.hre.iowa.gov>. Students interested in those internships should contact the name listed, *in addition to* completing the *Application for State Employment*.

Education

Degree Program: Associate of Arts Bachelor of Arts/Bachelor of Science Master of Arts/Master of Science
 Juris Doctor Doctor of Philosophy

Major _____

Intended completion date _____

Course work related to internship _____

Is this internship for credit toward a degree program? Yes No

Academic References:

1) _____
Name Address Phone Number

2) _____
Name Address Phone Number

Availability

Are you available (check all that apply): Spring Summer Fall Winter Anytime

Date available to begin internship _____

Will you accept an unpaid internship? Yes No