

APPLICATION FOR EMPLOYMENT

Seventh Judicial District
Department of Correctional Services
605 Main Street
Davenport, IA 52803

Telephone: (563) 484-5796

AN EQUAL OPPORTUNITY EMPLOYER

INSTRUCTIONS: Please print or type application. Complete, sign and date application. If you need additional space, attach an additional sheet in the same format.

LAST NAME	FIRST	MIDDLE	
ADDRESS	CITY	STATE	ZIP
TELEPHONE #	POSITION APPLIED FOR		

EMAIL ADDRESS: _____

EDUCATIONAL BACKGROUND

College or Vocational Training (business, trades, technical, military):

<u>Name & Location of College/School</u>	<u>Month/Years to Month/Years</u>	<u>Total Semester or Quarter Hours</u>

If you are a college graduate, please list your degree(s) and major subjects or coursework.

If you have not completed studies, please anticipate a date of completion: _____

High School Graduate? _____ GED? _____
Yes or No Yes or No

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

*Do not include transcripts with this application. If you are selected to interview for a position, please have a copy of the transcript available.

EMPLOYMENT RECORD

List the positions you have held, starting with the most recent. 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. List volunteer experience here also, indicating it as such. If you do not want an employer contacted regarding this application, please indicate below your hours per week section by: Please Do Not Contact.

1. Employer: _____

Duties: _____

Employer's Address: _____

Kind of Business: _____

Supervisor's Name & Title: _____

Reason for Leaving: _____

Your Title _____

Employed from: _____ to: _____
Mo./Yr. Mo./Yr.

Check one: Part-time _____ Full-time _____

If part-time, number of hours per week: _____

If you supervised employees: please indicate number
and position type: _____

2. Employer: _____

Duties: _____

Employer's Address: _____

Kind of Business: _____

Supervisor's Name & Title: _____

Reason for Leaving: _____

Your Title: _____

Employed from: _____ to: _____
Mo./Yr. Mo./Yr.

Check one: Part-time _____ Full-time _____

If part-time, number of hours per week: _____

If you supervised employees: please indicate number
and position type: _____

EMPLOYMENT RECORD CONTINUED

3. Employer: _____

Employer's Address: _____

Kind of Business: _____

Supervisor's Name & Title: _____

Your Title _____

Employed from: _____ to: _____
Mo./Yr. Mo./Yr.

Check one: Part-time _____ Full-time _____

If part-time, number of hours per week: _____

4. Employer: _____

Employer's Address: _____

Kind of Business: _____

Supervisor's Name & Title: _____

Your Title: _____

Employed from: _____ to: _____
Mo./Yr. Mo./Yr.

Check one: Part-time _____ Full-time _____

If part-time, number of hours per week: _____

PLEASE ATTACH ADDITIONAL SHEETS AS NECESSARY TO COMPLETE YOUR RELEVANT EMPLOYMENT RECORD.

Duties: _____

Reason for Leaving: _____

If you supervised employees: please indicate number

and position type: _____

Duties: _____

Reason for Leaving: _____

If you supervised employees: please indicate number

and position type: _____

MILITARY SERVICE

Army _____ Navy _____ Marine Corps _____ Air Force _____ Coast Guard _____

Dates of Service: FROM: _____ TO: _____
Mo./Yr. Mo./Yr.

Military Occupational Specialty (MOS) _____

List any military training which would be applicable to the position for which you are applying.

PLEASE COMPLETE THIS SECTION FOR CLERICAL OR BOOKKEEPING POSITIONS.

List clerical training courses: _____

List accounting or bookkeeping courses: _____

How many words per minute can you type? _____

Experience with shorthand or speedwriting? _____ Words per minute _____
Yes or No

Please check any of the following with which you have had experience or training.

_____ Transcriber _____ Typewriter _____ Computer
_____ XEROX or other photocopier
_____ 10-Key Adding Machine/Calculator _____ Multi-Line Telephone Equipment

GENERAL INFORMATION

Do you have a valid driver's license? Yes _____ No _____

Have you ever been convicted , civilly adjudicated or administratively adjuacated 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?

If yes, list the location and dates:

If offered a position in a county other than the county in which you now reside, would you be willing to relocate? Yes _____ No _____

If offered a position, when would you be available for employment?

Please indicate how you became aware of the job for which you are applying?

Reason(s) for applying:

Please list pertinent extracurricular or other volunteer activities in which you have participated.

What hobbies or special interests do you have?

If you have additional comments about yourself or your interest in the Department of Correctional Services, please use this space.

Please list three references that know you sufficiently well that we may contact.

Name

Address

Telephone

PLEASE READ AND SIGN THE FOLLOWING ACKNOWLEDGEMENT

I understand and acknowledge that if I accept a position with the 7th Judicial District Department of Correctional Services, a background investigation will be conducted for purposes of determining if my prior education, vocation, employment and citizenship are commensurate with the expectations of the Department.

I hereby certify that this application contains no willful misrepresentation and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that any willful falsification of this application and subsequent employment information I may provide will result in termination of my employment.

Signature Date

PLEASE FEEL FREE TO USE THE SPACE BELOW TO COMPLETE THE APPLICATION IF NECESSARY.

APPLICANT SURVEY

THE FOLLOWING INFORMATION IS REQUESTED FOR THE PURPOSES OF COMPLETING CERTAIN EQUAL EMPLOYMENT REQUIREMENTS AND FOR THE GATHERING OF STATISTICAL DATA. YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION; IT IS VOLUNTARY.

PLEASE DO NOT WRITE YOUR NAME OR OTHERWISE IDENTIFY YOURSELF ON THIS PAGE. UPON RECEIPT OF THIS APPLICATION, THIS PAGE WILL BE REMOVED FROM YOUR APPLICATION AND FILED SEPARATELY.

AGE: Under 18
18-29
30-39
40-49
50-59
60-69
70 or over (Circle one range)

SEX: M F (Circle one)

RACE/ETHNICITY: Of which racial/ethnic group do you consider yourself?

_____ White: Origins in any of the original peoples of Europe, North Africa, or the Middle East

_____ African American: Origins in any of the black racial groups of Africa

_____ Asian/Pacific Islander: Origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent, or the Pacific Islands

_____ Native American/Alaska Native: Origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition

_____ Latino: Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race

_____ Other:

HANDICAP: Psychological/Emotional: _____
Physical: _____ Orthopedic
 _____ Non-Orthopedic
 _____ Visually Impaired
 _____ Hearing Impaired
 _____ Speech Impaired
 _____ Substance Abuse
 _____ Multiple Disabilities