

APPLICATION FOR EMPLOYMENT

STATE OF IOWA DEPARTMENT OF COMMERCE DIVISION OF BANKING

*200 East Grand
Suite 300
Des Moines, Iowa 50309
Phone: 515 281-4014*

An Equal Opportunity Employer: Qualified applicants are eligible to compete for all positions without regard to race, color, national origin, sex, creed, religion, age, disability, or marital status.

PRINT OR TYPE			
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	
Social Security Number	Last Name	First Name	Middle Name or Initial
_____		_____	
Number and Street	City	State	Zip
_____		_____	
()	()		
Phone (area code) number - days	Phone (area code) number-evenings		

POSITION FOR WHICH YOU ARE APPLYING _____	
The Division of Banking administers regulatory policy and programs on a state-wide basis with field operations headquartered in four examination districts listed below. Travel is required in all districts. Individuals assigned to a specific location are required to reside within these cities or metropolitan areas.	
Place a check below by those cities where you are willing to work and move if necessary:	
<input type="checkbox"/> Ames	<input type="checkbox"/> Cedar Rapids
<input type="checkbox"/> Carroll	<input type="checkbox"/> Iowa City
	<input type="checkbox"/> Statewide Availability

Primary Education: Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12				High School Graduate or Equivalent (GED)? YES NO						
POST HIGH SCHOOL EDUCATION: NAME AND LOCATION OF SCHOOLS ATTENDED	DATES ATTENDED		MAJOR	HOURS	MINOR	HOURS	ACCOUNTING HOURS	MAJOR GPA	OVERALL GPA	TYPE OF DEGREE OBTAINED
	mo/yr	mo/yr								
If you are working toward a degree, please give the anticipated completion date: _____										
Please include with this application a copy of your COLLEGE grade transcript.										

EXPERIENCE

List your work experience, starting with the most recent, or in lieu thereof, a current resumé may be included with this application that provides the information requested below.

IMPORTANT. . . The information you give in the "Duties" section is used to determine your qualifications. For those jobs requiring an education and experience ranking, this information is the basis of that ranking.

IMPORTANT. . . You must describe your experience in sufficient detail so that we can fairly assess the level of responsibility. Include the number and titles of people supervised and equipment or facilities managed.

To describe additional work or add more detail to the "Duties" section, complete a blank sheet of paper using the same format as here and identify the job to which it relates.

ORGANIZATION	KIND OF WORK	FROM
Address (Street/Box Number)	City	MO DAY YEAR
Your Title	Supervisor's Title	TO _____
		Average number of hours worked per week
DUTIES		

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Your Title	Supervisor's Title	TO _____
		Average number of hours worked per week
DUTIES		

APPLICANT SURVEY

Iowa State Government is committed to the principles of Equal Employment Opportunity and Affirmative Action. To evaluate the success of our EEO/AA program, we must collect information about job applicants. Please share some information about yourself to assist us in doing this. This information is used only for program evaluations and reporting requirements. PLEASE WRITE YOUR NUMBERED RESPONSES TO ITEMS A THROUGH F IN THE CORRESPONDING BOXES.

A B C D E F

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A. What Sex are you?

- 0. Male
1. Female

B. What is your age?

- 0. 18 or younger
1. 19-29
2. 30-39
3. 40-49
4. 50-59
5. 60-69
6. 70 or over

C. What is the highest level of education you have attained?

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

- 0. White
1. Black
2. Asian or Pacific islander
3. American Indian or Alaskan Native
4. Hispanic

E. Do you consider yourself to be physically or mentally disabled?

- 0. No
1. Yes - vision impaired, not correctable to better than 20/70
2. Yes - hearing impaired, not correctable with a hearing aid
3. Yes - physically disabled, orthopedic: significant impairment or loss of one or both arms or legs, trunk or back of spine.
4. Yes - physically disabled, non-orthopedic: includes but is not limited to stroke, diabetes, arthritis, cerebral palsy, epilepsy, spina bifida, heart disease, cancer, rheumatism, muscular dystrophy, multiple sclerosis, or respiratory disease
5. Yes - mentally retarded
6. Yes - emotionally/mentally disabled
7. Yes - speech impaired
8. Yes - substance abuse
9. Yes - multiple disabilities

F. How did you learn about this job?

- 0. Iowa Merit Employment Department job listing
1. Job Service of Iowa
2. State agency - not IMED or Job Service
3. Friend
4. From a state employee
5. Radio/Television
6. Referral agency (non-state) - Identify
7. Newspaper or periodical
8. School
9. Other - Identify

Check here if you are currently a state employee

READ BEFORE SIGNING

I CERTIFY that this application contains no willful misrepresentations and that the information is true and complete to the best of my knowledge. I understand that should investigation at any time disclose any misrepresentation, my application will be rejected, my name will be removed from consideration for employment, I will be dismissed from state service if employed, and I will be disqualified from applying for any other position under the jurisdiction of the Iowa Merit Employment System. I also understand that in compliance with Chapter 21, Iowa Code, information on this application will be available to the public upon request.

SIGN HERE IN INK: _____ DATE: _____