

APPLICATION FOR EMPLOYMENT

STATE OF IOWA DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES DIVISION OF BANKING

200 East Grand Avenue, Suite 300
Des Moines, Iowa 50309-1827
Phone: 515-281-4014
Fax: 515-281-4862
Email: idobjobs@iowa.gov

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

First Name _____	MI _____	Last Name _____
Address Line 1 _____		Address Line 2 _____
City _____	State _____	ZIP Code _____
() _____	() _____	() _____
Home phone	Work phone	Other (e.g., mobile)
E-mail Address _____		

Are you a current State of Iowa employee? Yes No

If yes, which department? _____

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 regions. Travel is required in all regions. Individuals assigned to a specific region are generally required to reside within one of these areas listed below.						
Place a check by those cities where you are willing to work and move if necessary:						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">_____ Ames</td> <td style="width: 33%;">_____ Cedar Falls/Waterloo</td> <td style="width: 33%;">_____ Des Moines</td> </tr> <tr> <td>_____ Iowa City area</td> <td>_____ Spencer/Storm Lake</td> <td>_____ Statewide Availability</td> </tr> </table>	_____ Ames	_____ Cedar Falls/Waterloo	_____ Des Moines	_____ Iowa City area	_____ Spencer/Storm Lake	_____ Statewide Availability
_____ Ames	_____ Cedar Falls/Waterloo	_____ Des Moines				
_____ Iowa City area	_____ Spencer/Storm Lake	_____ Statewide Availability				

Primary Education: Mark highest grade completed												High School Graduate or Equivalent (GED)			
1	2	3	4	5	6	7	8	9	10	11	12	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
POST HIGH SCHOOL EDUCATION: NAME AND LOCATION OF SCHOOLS ATTENDED						DATES ATTENDED		MAJOR	HOURS	MINOR	HOURS	ACCOUNT- ING 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 résumé may be included with this application that provides the information requested below.

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.

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

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 _____ MO DAY YEAR TO _____ MO DAY YEAR Avg number of hours worked per week
Address(Street/Box Number)	City	
Your Title	Supervisor's Title	

DUTIES

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

DUTIES

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

DUTIES

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

Do you now, or will you in the future, require sponsorship (e.g., H-1B Visa status) to work legally for the State of Iowa in the United States? Yes No

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 Administration 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.

By signing this *Application for 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 Employment*.

Signature: _____

Date: _____