

Application for Iowa State University Extension and Outreach

The County Agricultural Extension District requests that you complete specific forms accurately, giving as many details as possible of your skills and experience relating to this job application. We gather this information for the purpose of making employment decisions. No persons outside the County Agricultural Extension District are routinely provided this information. If you fail to provide the required information, your application may not be considered. Positions within the County Agricultural Extension District are not Iowa State University positions and not eligible for Iowa State University pay.

Provide all information requested by printing in ink or typing. Use the 'TAB' key to move through the document.

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone
Address (Mailing Address)	(City)	(State)	(Zip)
E-Mail Address	Are you legally entitled to work in the U.S.? Yes No		
Are you 18 years of age or older? Yes No			
Have you ever been employed with ISU Extension Service? Yes No	Position Or Department in prior employment with Extension:		
Are you related to any County Agricultural Extension District Council Member or Staff Member? Yes No	If yes, please indicate employee's name and department:		
How did you find out about this position?			

POSITION

Position or Type of Employment Desired	Will Accept: Part-Time Full-Time Temporary	Work Hours: Are you willing to work some evening hours and/or weekends when needed? Yes No
Are you able to perform the essential functions of the job you are applying for, with reasonable accommodation? Yes No		
Salary Desired	Date Available	

Each job classification has minimum education, experience, and/or ability requirements. **To be considered for vacancies, your application must reflect the minimum qualifications of the classification.** It is **very important** that all your education and work experience (paid, volunteer or self-employment, such as farming) be listed. Use complete dates (**month and year**), and one figure for the number of hours worked per week when reporting work experience. Many employment lists are maintained with a score derived from information on your application, and if the information is incomplete, you could lose points.

High School Graduate Or General Education (GED) Test Passed? Yes No						
If no, list the highest grade completed						
College, Technical School, other post high school training (Most recent first)						
Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester hours	Other (Specify)			
	From: To:			Yes No		
	From: To:			Yes No		
	From: To:			Yes No		
	From: To:			Yes No		
Occupational License, Certificate or Registration		Number	Where Issued			Expiration Date
Language Read, Written or Spoken Fluently Other Than English						

EDUCATION AND TRAINING SPECIAL SKILLS

(List all pertinent skills and equipment that you can operate)

(Maximum 500 characters)

WORK EXPERIENCE (Most Recent First) (Include voluntary work experience)

Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 250 characters)		Hours Per Week
		List Salary
		Supervisor
		Reason For Leaving

WORK EXPERIENCE (Most Recent First) (Include voluntary work experience)

Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 250 characters)		Hours Per Week
		List Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? Yes No
Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 250 characters)		Hours Per Week
		List Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? Yes No
Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 250 characters)		Hours Per Week
		List Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? Yes No

WORK EXPERIENCE (Most Recent First) (Include voluntary work experience)

Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 250 characters)		Hours Per Week
		List Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? Yes No
Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 250 characters)		Hours Per Week
		List Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? Yes No
Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 250 characters)		Hours Per Week
		List Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? Yes No

Certification and Authorization

I, the applicant, authorize the County Agricultural Extension District to use the information and statements contained in this application to determine my qualifications for employment. I authorize the County Agricultural Extension District to make inquiries of my former employers regarding my previous duties, responsibilities, performance, compensation, and eligibility for rehire. In addition, I authorize the County Agricultural Extension District to conduct additional reference checks that may include reference referrals from previous employers.

As a current or former Iowa State University employee or county extension employee, I authorize the County Agricultural Extension District to make my personnel file available for review by appropriate hiring officials.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire. This may include but is not limited to: verification of degrees, investigations of criminal and/or conviction records, driving records, and/or a drug screen test as required by U.S. Department of Transportation regulations or university/county extension policies. I also understand that medical, psychological and/or physical demands examinations may be required for certain positions. Therefore, I understand that offers of employment will be conditional and that my employment will depend on successful completion of any conditions of employment that are contained in the County Agricultural Extension District vacancy announcement or policy manual.

I release the County Agricultural Extension District, as well as other entities or persons from which information is sought or obtained, from any and all potential claims I may have related to Extension's decision to conduct a reference or background check or the consequences of that check.

I certify that all statements made in my application are true and accurate and that I have not omitted any material result in my disqualification from consideration for employment or, if discovered after I begin employment, may result in my termination.

If hired, I agree to abide by the policies of the County Agricultural Extension District and, other policies required by the Memorandum of Understanding between the County Agricultural Extension District and Iowa State University Extension and Outreach.

Signature of Applicant: _____ Date: _____

Certification and Authorization

Iowa State University Extension and Outreach
Address:
City, State, Zip Code:

County

Phone
or by email to:

This institution is an equal opportunity provider. For the full non-discrimination statement or accommodation inquiries, go to www.extension.iastate.edu/diversity/ext.