

Application for Iowa State University Extension and Outreach County Employment

Dubuque COUNTY AGRICULTURAL EXTENSION DISTRICT—An Equal Opportunity Employer

Dubuque 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 Dubuque County Extension are routinely provided this information. If you fail to provide the required information, your application may not be considered. Positions within the Dubuque County Agricultural Extension District are not Iowa State University positions and not eligible for Iowa State University pay or benefits.

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) Other Telephone () -
E-Mail Address		Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been employed with ISU Extension Service? <input type="checkbox"/> Yes <input type="checkbox"/> No		Position Or Department in prior employment with Extension:		
Are you related to any County Agricultural Extension District Council Member or Staff Member? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please indicate employee's name and department:		
Have you ever been convicted of a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		*If yes, for what, where, and when *A criminal conviction is not an absolute bar to employment, but will only be considered in relationship to specific job requirements.		

POSITION

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

EDUCATION AND TRAINING

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			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
Occupational License, Certificate or Registration		Number		Where Issued		Expiration Date

Languages Read, Written or Spoken Fluently Other Than English

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

(Maximum 300 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 350 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving

WORK EXPERIENCE (Most Recent First) (Include voluntary work experience)		
Employer	Telephone Number () -	From (Month/Year)
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		Last Salary
		Supervisor
		Reason For Leaving
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		Supervisor
		Reason For Leaving

Certification and Authorization

I, the applicant, authorize Dubuque County Agricultural Extension District to use the information and statements contained in this application to determine my qualifications for employment. I authorize Dubuque 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 Dubuque 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 Dubuque 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 Dubuque County Agricultural Extension District vacancy announcement or policy manual.

I release Dubuque 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 Dubuque County Agricultural Extension District and, other policies required by the Memorandum of Understanding between Dubuque County Agricultural Extension District and Iowa State University.

Signature of Applicant: _____ **Date:** _____

Submit Application, Cover Letter and Resume to Dubuque County Extension and Outreach by emailing Sandi Helgerson, County Director, sandih@iastate.edu

For guaranteed consideration, Application materials must be received by April 26, 2024; position open until filled.

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.) Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, and American Sign Language) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at 202-720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at 800-877-8339. To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online at <https://www.ocio.usda.gov/document/ad-3027>, from any USDA office, by calling 866-632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: (1) Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or (2) Fax: 833-256-1665 or 202-690-7442; or (3) Email: program.intake@usda.gov. This institution is an equal opportunity provider.

For the full non-discrimination statement or accommodation inquiries, go to www.extension.iastate.edu/diversity/ext.