

**APPLICATION FOR EMPLOYMENT**  
(Print neatly and complete all blanks.)

Provided by Iowa Workforce Development for: Clerk Specialist/Child Support Recovery Date: \_\_\_\_\_  
(Company Name)

IWD is an Equal Opportunity Employer/Program  
*Auxiliary aids and services are available upon request to individuals with disabilities.*

**PERSONAL**

Full Name: \_\_\_\_\_  
First Middle Initial Last

Current Address: \_\_\_\_\_  
Number Street City State Zip Code

Phone Number: \_(\_\_\_\_\_)\_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you 18 years of age or older? Yes ☐ No ☐ Are you a military Veteran? Yes ☐ No ☐  
Are you legally able to work in the US? Yes ☐ No ☐

If Yes, Dates of Active Duty: \_\_\_\_\_ to \_\_\_\_\_

Have you ever been known by any other name(s) that this company will require to verify any of the information on this application? Yes ☐ No ☐

If yes please list: \_\_\_\_\_

**EMPLOYMENT DESIRED**

Job Title: \_\_\_\_\_ Start Date Available: \_\_\_\_\_ Wage Desired: \_\_\_\_\_

Are you available for work: Full-Time ☐ Part-Time ☐ Shift Work ☐ Seasonal ☐

**EDUCATION**

Do you have a High School Diploma or GED? Yes ☐ No ☐

Name of last school attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Circle last year of school completed: 6 7 8 9 10 11 12 13 14 15 16 17 18

Circle highest degree earned: High School Diploma GED AA BD MD PHD Other \_\_\_\_\_

Area of Concentration and/or degree(s), certificate(s), license(s), endorsement(s): \_\_\_\_\_

Other Training or Skills (Factory or Office Machines Operated, Special Courses, Computer Skills, etc.): \_\_\_\_\_

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**EMPLOYMENT HISTORY (Most recent 7 years)**

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*(List employers starting with the current or most recent. Explain all gaps in employment)*

**1** Employer Name: \_\_\_\_\_ Phone Number: \_(\_\_\_\_\_)\_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip Code

Position Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Ending Wage: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact? Yes ☐ No ☐

Description of job responsibilities and/or accomplishments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2** Employer Name: \_\_\_\_\_ Phone Number: \_(\_\_\_\_\_)\_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip Code

Position Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Ending Wage: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact? Yes ☐ No ☐

Description of job responsibilities and/or accomplishments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3** Employer Name: \_\_\_\_\_ Phone Number: \_(\_\_\_\_\_)\_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip Code

Position Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Ending Wage: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact? Yes ☐ No ☐

Description of job responsibilities and/or accomplishments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4 Employer Name: \_\_\_\_\_ Phone Number: \_(\_\_\_\_\_)\_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip Code

Position Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Ending Wage: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact? Yes ☐ No ☐

Description of job responsibilities and/or accomplishments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5 Employer Name: \_\_\_\_\_ Phone Number: \_(\_\_\_\_\_)\_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip Code

Position Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Ending Wage: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact? Yes ☐ No ☐

Description of job responsibilities and/or accomplishments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6 Employer Name: \_\_\_\_\_ Phone Number: \_(\_\_\_\_\_)\_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip Code

Position Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Ending Wage: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact? Yes ☐ No ☐

Description of job responsibilities and/or accomplishments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**BUSINESS/PROFESSIONAL REFERENCES (List 3)**

Name: \_\_\_\_\_ Phone Number: \_(\_\_\_\_\_)\_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip Code

Title & Company: \_\_\_\_\_

What this person would say about you: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_(\_\_\_\_\_)\_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip Code

Title & Company: \_\_\_\_\_

What this person would say about you: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_(\_\_\_\_\_)\_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip Code

Title & Company: \_\_\_\_\_

What this person would say about you: \_\_\_\_\_

## Veterans Points

Upon request, veterans points shall be applied to honorably discharged veterans as defined in Iowa Code Chapter 35C.. Former members of the reserve forces or National Guard who served at least 20 years after January 28, 1973, are eligible. Reserve forces or National Guard veterans who were activated for federal duty, other than training, for a minimum of 90 days and were discharged under honorable conditions or retired under Title 10, United States Code, are eligible. Veterans with a service- connected disability, a Purple Heart, or who are receiving disability compensation or pension through the U.S. Veterans Administration, may also request veterans points. Proof of disability from the Veterans Administration must be submitted and updated every two years. A copy of your certified DD214 must be submitted for proof of service.

**Veterans Points:** Do you want to be considered for veterans points? Yes ☐ No ☐

**If yes, you must provide proof of service by submitting a photocopy of your DD-214 form.**

## ADDITIONAL INFORMATION THAT MAKES YOU A GOOD CANDIDATE FOR THIS POSITION

*I authorize investigation of all statements contained in the application. I understand that omission or misrepresentation of facts is cause for dismissal.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_