

Iowa Public Television



Iptv.org

Human Resources
6450 Corporate Drive
P.O. Box 6450
Johnston, Iowa 50131-6450
Tel. (515) 725-9823 Fax: (515)725-9841

This is a Form Format Document. You may complete online, then print, sign and submit by mail or fax.

APPLICATION FOR EMPLOYMENT

Print or Type

Last Name First Name Middle Name or Initial

Street and Number City State Zip

(area code) Phone Number - days (area code) Phone Number - evenings Email Address

General Information

- Complete this application in detail: previous applications will not be considered; incomplete applications or those without necessary information may be returned; or may result in non-consideration for a specific vacancy.
- Resume may not be substituted for a fully completed application.
- Keep us informed of changes in your name, address, availability or other information recorded on the application by writing to the above address.
- If assistance is needed in completing this application, contact Iowa Public Television Human Resources, (515) 725-9823.
- All persons hired by Iowa Public Television must complete an Immigration & Naturalization Employment Eligibility Verification (Form I-9), and provide proof of their identity and eligibility to work in the United States, at the time of employment.

Jobs For Which You Are Applying

- It is necessary to apply for specific positions. Descriptions of positions may be reviewed at Iowa Public Television Human Resources.
- You may apply for four (4) positions on this form.

1 _____

2 _____

3 _____

4 _____

Equal Employment Opportunity/Affirmative Action Policy

Qualified applicants are eligible to compete for all positions without regard to race, color, national origin, sex, creed, religion, age, physical or mental disability, or marital status. Information regarding acts in non-compliance with this policy may be directed to the Iowa Public Television Executive Director or the Iowa Civil Rights Commission.

Experience

- List your work experience, starting with the most recent. If you have held more than one job with the same organization, list each separately.
- Describe your experience in detail. Include the number and titles of people supervised and equipment or facilities managed.
- Describe volunteer and homemaker experience, if applicable.
- A RESUME MAY NOT BE SUBSTITUTED FOR INFORMATION REQUESTED BELOW.

Describe additional work experience or add more detail to the "Duties" section on a separate sheet of paper. Use the same format as used here and identify the job to which each relates.

ORGANIZATION	ADDRESS	From mo day year
YOUR TITLE	SUPERVISOR'S NAME	To mo day year Average number of hours worked per week

Duties		
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YOUR TITLE	SUPERVISOR'S NAME	To mo day year Average number of hours worked per week

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Duties

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Duties

Education

Check highest grade completed

1 2 3 4 5 6 7 8 9 10 11 12

High School Graduate
or Equivalent (GED)?

Yes No

Name and location of schools attended beyond high school	Dates Attended	Credit Rec'd		Field of study or area of concentration				Degree Obtained
		Quarter Hours	Semester Hours	Major	Hours	Minor	Hours	

If you are working toward a degree, please give the anticipated completion date:
Do not send a copy of your transcript. If a transcript is required we will notify you.

Special Requirements

Selective Qualifications or Licensure

If you possess a license or certificate to practice a trade or profession, complete the following:

Name of Trade or Profession:

License Number:

Issued by:

Specialty:

Expiration Date:

If a teacher's certificate,
Endorsement numbers:

Approval Numbers:

Some jobs have specific requirements in order to be considered for employment. Any such requirement will be found on the job description in the section entitled "Education, Experience and Special Requirements." Please list the needed information below, if applicable.

Education	Quarter Hours	Semester Hours	Experience	From	To

BE SURE TO READ THIS STATEMENT 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 may be rejected, my name may be removed from consideration for employment, I may be dismissed from state service if employed, and I may be disqualified from applying for any other position under the jurisdiction of Iowa Public Television. I also understand that, in compliance with Iowa Code Chapter 22, information on this application and any documents submitted to be included with the application are public records and will be available to the public upon request, except for information deemed confidential by Iowa Public Television in accordance with applicable statutes.

I do

I do not

authorize Iowa Public Television to contact my present and/or previous employers concerning information contained on this application.

SIGN HERE IN INK: _____ Date: _____



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APPLICATION FOR EMPLOYMENT

Applicant Survey

Your completion of this section is strictly voluntary. We would appreciate your cooperation in providing us with the statistical information required to comply with various state and federal regulations. **This information will be separated from your application when it is received and will not affect you as an individual applicant.** Check the corresponding box with responses to A through F.

A. What sex are you? (Check one)

- 0. Male
- 1. Female

B. What is your age? (Check only one)

- 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? (Check only one)

- 0. 0-8 years
- 1. 9-12 years, 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 B.A. or B.S. degree
- 5. B.A., B.S. or similar degree
- 6. M.A., M.S. or similar graduate degree
- 7. PH.D., J.D., LL.B. or similar professional degree
- 8. M.D. or similar professional degree

D. Of which racial/ethnic group do you consider yourself a member? (Check only one)

- 1. White (Not Hispanic or Latino)
- 2. Black or African American (Not Hispanic or Latino)
- 3. Asian (Not Hispanic or Latino)
- 4. Hispanic or Latino
- 5. Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- 6. Two or More Race (Not Hispanic or Latino)

ENTER POSITION FOR WHICH APPLICATION IS MADE

E. Do you have a disability that is a physical or mental impairment that substantially limits one or more major life activities? (Check only one)

- 0. No
- 1. Yes
- 3. Decline to respond

F. Source(s) from which you learned of this vacancy: (Check all that apply)

- 1. Personal Contact
(Enter Name of Contact and Institution/Agency)
- 2. Job Announcement sent to: Registrant (Application on file)
- 3. Job Announcement posted at IPTV
- 4. Notice in Professional Journal (Name)
- 5. Newspaper Ad (Name)
- 6. Internet/Electronic bulletin board
- 7. Other (Identify)

(Thank you for returning this sheet with your application)