



AFSCME THIRD BUMPING OPTION: APPLICATION FORM

Employee Information:

_____ Last Name _____ First Name _____ MI

Payroll Number: _____ Department _____

Current Job Title: _____ Layoff Date _____

Current Status: Full-time – 40 hours per week Part-time – less than 40 hours per week

Phone (Days): (____) _____ - _____ Phone (Evenings): (____) _____ - _____

Return this application form along with your *Request for Determination of Qualification Form* to the Personnel Assistant listed below. This request will not be processed if both forms are not received.

Personnel Assistant: _____ Phone No.: _____

Address: _____ Fax No.: _____

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 Administrative 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 records 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.
- The State of Iowa complies with the federal law requiring pre-employment, random, post-accident, reasonable suspicion, and return to duty drug and alcohol testing for all persons in positions requiring a Commercial Drivers License.

Finally, I understand that in signing the Bumping Application Form, I am consenting to any reasonable inquiry to verify the information I have provided herein or may provide in conjunction with my application.

Signature: _____ Date: _____

The State of Iowa is an Equal Employment Opportunity/Affirmative Action Employer

Applicant Data

IMPORTANT NOTICE:

If you do not qualify for any of the job classes you listed on the *Request for Determination of Qualification Form* you will be notified by your personnel assistant. Please complete all sections of this form before submitting it.

This is the only information that will be used to determine your qualifications for the job classes you have selected.

Print or Type			
Last Name	First Name	M.I.	
Number and Street	Apt. #	City	State
() _____	() _____	_____	_____
Phone (area code) number-days	Phone (area code) number-evenings	E-mail address	Zip Code

Education															
Circle highest year of education completed															
1	2	3	4	5	6	7	8	9	10	11	12	High School graduate or equivalent (GED)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name And Location Of Schools Attended Beyond High School	Dates Attended		Credit Received		Field of Study or Area of Concentration				Degree/Certification						
	Mo/Yr	Mo/Yr	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 transcript unless requested.**

Special Requirements				
Some jobs have special requirements. They will be found on the job class description in the section titled "Competencies Required," or "Selective Certification." Write needed information below.				
Education	Quarter Hours	Semester Hours	Experience	Dates
				From
				To
List languages, including American Sign Language (ASL), in addition to English, that you speak, read and write fluently: _____				
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: _____				

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.
- Provide complete descriptions of job duties, including the exact dates of employment and the average number of hours worked per week.
- 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.
- Resumes submitted with the application must show dates of employment (month/year) and hours worked per week. Your full name must be shown at the top of each resume page and accompanying documents.

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Organization:			From _____ Month Day Year
Address:	City	State	Zip Code
Your Title:			To _____ Month Day Year
Supervisor's Title:		Average number of hours worked per week: _____	
Duties: _____ _____ _____			

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Organization:			From _____ Month Day Year
Address:	City	State	Zip Code
Your Title:			To _____ Month Day Year
Supervisor's Title:		Average number of hours worked per week: _____	
Duties: _____ _____ _____			

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Organization:			From _____ Month Day Year
Address:	City	State	Zip Code
Your Title:			To _____ Month Day Year
Supervisor's Title:		Average number of hours worked per week: _____	
Duties: _____ _____ _____			

You may 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. Be sure to include your full name at the top of each extra page.