

**Merit System Application for Employment**

Applicant's Name

*Department Use Only*

**Veteran's Preference**  
Submission Date: \_\_\_\_\_

**Please type or print neatly with pen. Incomplete or illegible applications may not be considered.**

|  |                |                      |          |
|--|----------------|----------------------|----------|
| Last Name  | First Name     | MI                   |          |
| Street Address   | City           | State                | Zip Code |
| Telephone Number(s)                                      | Primary        | _____                |          |
|  | Alternate/Cell | _____                |          |
| May we contact you at work?                              |                |                      |          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |                | If yes, number _____ |          |
| Email address, if any _____                              |                |                      |          |

Last

**Position(s) Applied For:** (list search number and classification)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please Note:** Merit applications remain on file in Human Resource Services for six months from the date of receipt. It is your responsibility to maintain a current telephone number and address on your application. If after submitting your application, you would like to be considered for additional position(s), please call Human Resource Services at (319) 273-2422.

Are you currently enrolled at UNI?     Yes     No    If yes, how many hours are you taking? \_\_\_\_\_ hours

Are you legally authorized to work in the U.S?     Yes     No

If no, please explain \_\_\_\_\_

**Selected candidate must provide documentation of eligibility to work in the United States.**

**If the job requires it**

Do you have a valid driver's license?     Yes - expiration date \_\_\_\_\_     No

Do you have a valid commercial driver's license?     Yes - expiration date \_\_\_\_\_     No

Do you have a valid chauffeur's license?     Yes - expiration date \_\_\_\_\_     No

First

MI

**The University of Northern Iowa is an equal opportunity educator and employer with a comprehensive plan for Affirmative Action. The University of Northern Iowa does not discriminate in employment or education. Visit [uni.edu/policies/1303](https://uni.edu/policies/1303) for additional information.**

Date

Revised 04/2019

Are you now, or have you ever been, employed by the University of Northern Iowa, another Iowa Board of Regents' institution, or other state of Iowa agency?  Yes  No

If yes, state name of institution/agency, position(s) held, and dates of employment

Institution/Agency \_\_\_\_\_ Mo/Yr: \_\_\_\_\_ to Mo/Yr: \_\_\_\_\_

Job Title(s) \_\_\_\_\_

Are you related to anyone currently employed at UNI?  Yes  No

If yes, indicate name, department, and relationship \_\_\_\_\_

**This information is requested for purposes of ensuring compliance with the Iowa Board of Regents and UNI's nepotism policies.**

Are you currently employed?  Yes  No

May we contact your present employer as a reference?  Yes  No

If no, please explain \_\_\_\_\_

Date available for employment \_\_\_\_\_

Work schedule you would be willing to consider (check all that apply)

- |                                    |   |  |
|------------------------------------|---|--|
| <input type="checkbox"/> Full Time | <input type="checkbox"/> 9 Months (generally follows academic year) | <input type="checkbox"/> 1 <sup>st</sup> Shift |
| <input type="checkbox"/> Part Time | <input type="checkbox"/> 10 Months                                  | <input type="checkbox"/> 2 <sup>nd</sup> Shift |
| <input type="checkbox"/> Temporary | <input type="checkbox"/> 11 Months                                  | <input type="checkbox"/> 3 <sup>rd</sup> Shift |
|                                    | <input type="checkbox"/> 12 Months                                  | <input type="checkbox"/> Swing Shift           |

## Education and Training

| School Attended   | Name of School and Location | Did You Graduate?   | Degree/Diploma or Certificate | Major Course of Study |
|---|-----------------------------|---|-------------------------------|-----------------------|
| (Check One)<br><input type="checkbox"/> High School<br><input type="checkbox"/> GED |                             | <input type="checkbox"/> Yes <input type="checkbox"/> No                                    |                               | N/A                   |
| College or University   |                             | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Number of hours completed _____ |                               |                       |
| College or University   |                             | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Number of hours completed _____ |                               |                       |
| Other   |                             | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Number of hours completed _____ |                               |                       |

## Employment Experience

**A cover letter and resume may be included but cannot be substituted for the required information on the application.**

**Start with your current or most recent job.** You do not need to include employment prior to the last 10 years unless you believe it is related to the job(s) for which you are applying. If you have other relevant job experience prior to that, indicate length of time you performed the work. Include any job-related military service assignments and volunteer activities. Please respond to the following information completely.

|   |                                |    |                           |
|---|--------------------------------|----|---------------------------|
| Employer  | Dates Employed<br>(Month/Year) |    | Job Title                 |
|   | From                           | To |                           |
| Address / City / State  | Hours Worked Per Week          |    | Duties / Responsibilities |
| Telephone Number(s)   | Supervisor                     |    |                           |
| Reason For Leaving  |                                |    |                           |
| Specialized Training, Certifications, Programs or Skills Utilized |                                |    |                           |
|   |                                |    |                           |

|   |                                |    |                           |
|---|--------------------------------|----|---------------------------|
| Employer  | Dates Employed<br>(Month/Year) |    | Job Title                 |
|   | From                           | To |                           |
| Address / City / State  | Hours Worked Per Week          |    | Duties / Responsibilities |
| Telephone Number(s)   | Supervisor                     |    |                           |
| Reason For Leaving  |                                |    |                           |
| Specialized Training, Certifications, Programs or Skills Utilized |                                |    |                           |
|   |                                |    |                           |

|   |                                |    |                           |
|---|--------------------------------|----|---------------------------|
| Employer  | Dates Employed<br>(Month/Year) |    | Job Title                 |
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| Address / City / State  | Hours Worked Per Week          |    | Duties / Responsibilities |
| Telephone Number(s)   | Supervisor                     |    |                           |
| Reason For Leaving  |                                |    |                           |
| Specialized Training, Certifications, Programs or Skills Utilized |                                |    |                           |
|   |                                |    |                           |

|   |                                |    |                           |
|---|--------------------------------|----|---------------------------|
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| Address / City / State  | Hours Worked Per Week          |    | Duties / Responsibilities |
| Telephone Number(s)   | Supervisor                     |    |                           |
| Reason For Leaving  |                                |    |                           |
| Specialized Training, Certifications, Programs or Skills Utilized |                                |    |                           |
|   |                                |    |                           |

Please attach additional information you feel may be helpful in the assessment of your application including any specialized training, certifications, skills or experiences not previously noted. If you require additional space to list your employment for the past ten years, please attach an extra page.

**Professional Work References (please list three)**

|         |                   |       |          |
|---------|-------------------|-------|----------|
| Name    | Phone Number      |       |          |
| Company | Work Relationship |       |          |
| Address | City              | State | Zip Code |

|         |                   |       |          |
|---------|-------------------|-------|----------|
| Name    | Phone Number      |       |          |
| Company | Work Relationship |       |          |
| Address | City              | State | Zip Code |

|         |                   |       |          |
|---------|-------------------|-------|----------|
| Name    | Phone Number      |       |          |
| Company | Work Relationship |       |          |
| Address | City              | State | Zip Code |

**Applicant's Statement**

|   |
|---|
| <p><b>IMPORTANT: PLEASE READ AND SIGN</b></p> <p>By my signature below, I certify and affirm that all information provided in this application of employment, as well as any accompanying resume, is true and complete. I understand that any false statement or omission of facts may be sufficient cause, in and of itself, to disqualify me from further consideration for employment and if learned after my employment, may be justification for dismissal when discovered. I authorize the University of Northern Iowa or its agent to investigate my employment and education history, and to conduct necessary background checks if required for the position for which I am being considered. I authorize any persons, companies, corporations and/or educational institutions with whom I have been associated to furnish the University of Northern Iowa with true and accurate information concerning my employment and education, and I hereby release any and all of them from all liability for furnishing such information.</p> <p>Date _____ Applicant's Signature _____</p> <p>Information requested on this form is required for the purpose of consideration for employment. Failure to provide this information may prevent the processing of your request for employment. This information is not routinely provided outside the university, except for public record purposes.</p> |
|---|