



IOWA STUDENT LOAN LIQUIDITY CORPORATION

Ashford 1 Bldg. 6805 Vista Drive West Des Moines, IA 50266 Phone 1-800-243-7552 www.studentloan.org

APPLICATION FOR EMPLOYMENT

Name _____

Last First Middle

Address _____

Street City State Zip

Home Telephone Number: _____

Work Telephone Number: _____ Cell Phone Number: _____

Email: _____

Other names you have been known by: _____

Person who can always get a message to you: _____ Phone Number: _____

POSITION FOR WHICH YOU ARE APPLYING

Position(s) Name:	
Expected Salary:	
Date Available:	
Hours you are available to work:	

GENERAL INFORMATION

Have you ever worked here before? Yes Date _____ No

Have you ever applied here before? Yes Date _____ No

Are you legally eligible for employment in this country? Yes No

(Proof of U.S. Citizenship or Immigration Status will be required if employed.)

Have you ever been convicted of a crime other than a traffic/speeding violation? Yes No

If 'Yes', Explain date, nature of offense, and result of conviction (an affirmative response will not automatically exclude you from consideration): _____

**WE ARE A SMOKE FREE AND
DRUG FREE ENVIRONMENT**

REFERRAL SOURCE

- Advertisement _____
 ISL Employee Name _____
 Employment Agency
 Walk-in
 School Placement Office
 Other _____

Names of friends or relatives employed by ISL:

EMPLOYMENT HISTORY

List your last three employers, starting with the most recent, including military experience. Explain all gaps in employment in the comments section below. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer	Telephone	Dates Employed From To		Job Duties
Address/City/State				
Job Title		Hourly Rate/Salary Starting Final		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor		Reason for Leaving		

Employer	Telephone	Dates Employed From To		Job Duties
Address/City/State				
Job Title		Hourly Rate/Salary Starting Final		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Employer	Telephone	Dates Employed From To		Job Duties
Address/City/State				
Job Title		Hourly Rate/Salary Starting Final		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor		Reason for Leaving		

Have you ever been discharged from any job?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

If 'Yes', please list the employer's name, address, and reason:

Comments: (including explanation of any gaps in employment)

Please list any professional licenses, certifications, designations, etc. or any professional/civic memberships that relate to your ability to perform the job for which you have applied.

EDUCATIONAL BACKGROUND

List the schools you have attended. Indicate the course of study (major/minor), the number of years completed, whether or not you graduated and the degree or diploma you earned. You may be requested to furnish official transcripts.

School and Location	Course of Study	Years Attended	Did you graduate?	Degree or Diploma
High School				
College				
Technical				
Other				

OFFICE SKILLS IF APPLICABLE

- Word
- 10 Key _____(kspm)
- Excel
- PowerPoint
- Typing _____ (wpm)
- Other _____

REFERENCES

List the name/telephone number of three business references that are not related to you:

Name	Company Name	Relationship to You	Telephone

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap or any other legally protected status.

APPLICANT'S STATEMENT

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the President of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer retains the right to thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I understand the unique relationship between Iowa Student Loan and ISL Service Corp., and that any and all information found in any background check may be shared between the two entities and may be subject to review with legal counsel. Additionally, any negative information may adversely impact my current employment situation with either entity (if applicable).

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Applicant's Signature:

Date:

You will be unable to save this document.

**Please print a completed employment application for your records and
fax one to Human Resources.**