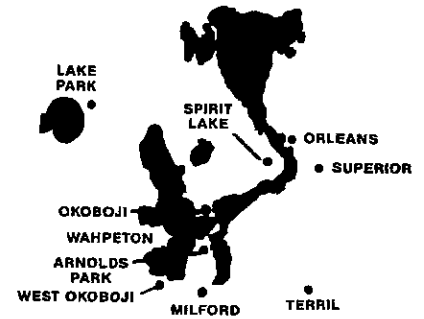


DICKINSON COUNTY, IOWA

Commission of Veteran Affairs

1802 Hill Avenue, Suite 1508
Spirit Lake, Iowa 51360-1259
(712) 336-0883
Fax (712) 336-6340

COMMISSIONERS
Bob Umscheid
Elmer Larsen
Donald E. Von Ehwegen
DIRECTOR
Ernest J. Cupp



February 7, 2011

Re: Application for Position with the Commission

Dear Applicant:

Thank you for your interest in the director position with the commission. Please complete the enclosed application and return it not later than close of business on March 9, 2011.

Per Chapter 35B, Code of Iowa, the applicant must be a veteran and have an honorable discharge.

Once trained and certified, the position will be executive director for the commission. A general summary of the duties is to administer the day to day operation of the commission in accordance with the commission general policies. The work is performed under the general direction of the commissioners.

Duties will include but are not limited to:

- Develop and implement commission general policy.
- Prepare annual budget and manage distribution for administrative support of the commission and to provide eligible veteran/dependents with the basic necessities of life.
- Interview applicants for assistance. Prepare and maintain case histories, records and files pertaining to the commission activities and benefits provided.
- Receive, research and answer inquiries from veterans/dependents regarding benefits and services available.
- Assist veteran/dependents in preparation of claims and associated forms for the Department of Veteran Affairs.
- Coordinate, schedule and maintain volunteer drivers for DAV van.
- Attend local, state and national veteran affairs/benefits training programs.
- Requisition and maintain office supplies, literature and equipment.
- Process applications for the Iowa Veterans Home.
- Establish and maintain a close working association with other programs potentially serving the veteran population.
- Conduct/coordinate briefings/presentations on veteran benefits.

- Submit appropriate monthly, quarterly and annual reports.
- Maintain Grave Registration Record for veterans buried in Dickinson County.

The above is intended to describe the general nature and level of work performed as an executive director. They are not intended to be an exhaustive list of all responsibilities and duties required of the position.

On the application under "Special Skills" please include at a minimum information pertaining to your interviewing, presentation, computer skills, and experience assisting veterans and their families in applying for benefits. Use continuation page(s) as necessary. Please attach to the application a copy of your DD Form 214, driver license and proof of insurance for your vehicle. To be considered, applications must be returned to the commission not later than March 8, 2011.

The county commissioners listed on the letterhead will determine the person best qualified and make a recommendation to the county board of supervisors. The supervisors make the hiring decision.

If you would like additional information pertaining to this position please call or stop by the office. You can reach me at the office between 8 to 4:30 Monday through Friday by calling 336-0883.

Sincerely,



Ernie Cupp

Director

Enclosure: Application for Employment

DICKINSON COUNTY



APPLICATION FOR EMPLOYMENT

1800 Hill Avenue
 Spirit Lake, IA 51360
 712-336-3356 Fax 712-336-2677
 www.co.dickinson.ia.us

			Application Date		
Last Name		First	Middle	Social Security Number	
Street Address/Apt. Number			City	State	Zip
Home Phone () ()		Alternate Phone () ()			
Email Address			Have you previously worked under another name(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, - Name(s)		
If any member of your family is currently employed by Dickinson County, give name, relationship and where employed.			Have you previously applied at or been employed by Dickinson County? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where, when?		
Type of employment? (Check only those that you will accept) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer			If the job requires working weekends and nights would you be willing to accept it? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Position Title:					
Check County work location where you will accept employment:			<input type="checkbox"/> Any/All <input type="checkbox"/> Spirit Lake <input type="checkbox"/> Milford <input type="checkbox"/> Terril <input type="checkbox"/> Lake Park		
When will you be available for employment?			Starting salary expected?		
EDUCATION					
Have you graduated from high school? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED		Name and Location of High School/GED			
Name & Location of Schools Attended <i>Beyond</i> High School		Course Study Degree: Major Field		Graduated Yes/No	Date
Skills Information: (check all that apply)					
<input type="checkbox"/> Computer <input type="checkbox"/> Data Entry _____ kph <input type="checkbox"/> Typing _____ wpm <input type="checkbox"/> 10 Key					
Please list experience, skills, and qualifications which may relate to the job for which you are applying. Include computer software and hardware knowledge and office machines operated.					
MILITARY SERVICE					
Dates of Service		Branch		Final Rank	
List kind of work performed and training received while in the Military.					
PROFESSIONAL LICENSES AND/OR CERTIFICATES					
Type	License/Cert. Number		State Issued	Expiration Date	

AN AFFIRMATIVE ACTION EMPLOYER
 FOR EQUAL EMPLOYMENT OPPORTUNITY

EMPLOYMENT

Give a complete record of all employment for the past ten years and reasons for periods unemployed. Include both paid and volunteer work, military service, etc. Start with present or most recent employer. This section must be completed fully even if you submit a resume.

May we contact your present employer for references? Yes No If no, please explain.

1.	Company Name	Telephone ()
	Address	Employed (Month and Year) From To
	Position Held	Hourly Pay/Salary <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
	Describe Your Duties	
	Name of Supervisor/Title	Reason for Leaving
2.	Company Name	Telephone ()
	Address	Employed (Month and Year) From To
	Position Held	Hourly Pay/Salary <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
	Describe Your Duties	
	Name of Supervisor/Title	Reason for Leaving
3.	Company Name	Telephone ()
	Address	Employed (Month and Year) From To
	Position Held	Hourly Pay/Salary <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
	Describe Your Duties	
	Name of Supervisor/Title	Reason for Leaving
4.	Company Name	Telephone ()
	Address	Employed (Month and Year) From To
	Position Held	Hourly Pay/Salary <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
	Describe Your Duties	
	Name of Supervisor/Title	Reason for Leaving

ADDITIONAL REFERENCES

Give name(s) of person(s) familiar with your current abilities who we may contact for a reference. Please do not list relatives.

1.	Name	Relationship to Applicant	Organization
	Telephone Home Work	Address	
2.	Name	Relationship to Applicant	Organization
	Telephone Home Work	Address	

Have you been discharged from a job? Yes No
If yes, list employer, dates, reason and explanation-

Have you been convicted of a crime within the last 10 years, or do you currently have a charge pending for any felony, misdemeanor or other criminal offense excluding minor traffic violations? Yes No If yes, explain and give dates.

ABUSE REGISTRY AND CRIMINAL HISTORY WAIVER

I hereby give permission for Dickinson County, Iowa to conduct a child and/or dependent adult abuse check and an Iowa criminal history check with the Division of Criminal Investigation. Any information maintained by the DCI may be released and I understand that it will be used by the requestor only for licensing / employment or volunteer purposes.

Signature

Date

CITIZENSHIP

Within three days after employment, you will be required by IRCA guidelines to prove your citizenship or eligibility as an alien.

Are you a United States citizen or do you have papers from the United States Government permitting you to work?

Yes No

SIGNATURE

By signing below, I certify that the answers and information set out above are true, accurate, and complete to the best of my knowledge. I acknowledge that if any answer or information is not true, accurate or complete I may not be hired; or if hired, I may be discharged.

I authorize the employer to investigate all statements contained in this application for employment to include criminal, child and/or dependent adult abuse information as well as my character and qualifications. I release the employer from all liability for acts performed in good faith and without malice in connection with evaluation of my application.

I authorize my prior employers, references, and others with information regarding my work, education history or my character, to provide the employer with all information requested and to cooperate fully with the investigation of my character and qualifications. I also release those employers, references and others from all liability for providing information in good faith and without malice.

I understand that this application is not a contract of employment. I agree that if employed, I will abide by all policies, procedures, rules and regulations established by Dickinson County.

I also understand that if I am offered employment, the offer is conditioned upon receipt of satisfactory employment references, acceptable criminal/abuse background information, and favorable health evaluation, which includes a physical examination.

Applicant

Date

It is the policy of Dickinson County, an Equal Opportunity and Affirmative Action Employer, that all persons employed will be treated without regard to race, color, religion, qualified disability, sex, age or national origin, except where these categories are a bonafide occupation qualification.

The Human Resources Department of Dickinson County is the designated coordinator of our programs and procedures for implementation of this policy.

FOR OFFICE USE ONLY

Date of Hire:

Department:

Position:

Rate:

CONFIDENTIAL DATA FORM
TO BE SEPARATED FROM APPLICATION IMMEDIATELY UPON RECEIPT

To All Applicants: Dickinson County has an equal employment opportunity/affirmative action policy. Knowledge of your race, sex, age, disability and medical status is necessary for monitoring the effectiveness of the program. All information will be kept confidential. Your Social Security number is required to process your application. Providing information on this form is voluntary and will not be used in the evaluation of your application. ***Even if you choose not to supply this information, this form must be submitted with the application in order for the application to be processed.*** Your cooperation is appreciated.

Social Security Number:	Title of Position Applying for:
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Last Name	First Name	Middle Initial	██████████
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Street Address	City	State	Zip Code
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Ethnic Group:

<input type="checkbox"/> African American (B)	<input type="checkbox"/> Hispanic/Latino (H)
<input type="checkbox"/> White (Not of Hispanic/Latino Origin) (C)	<input type="checkbox"/> Asian/Pacific Islander (A)
<input type="checkbox"/> Native American Indian/Alaskan Native (I)	

Veteran Status: Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No Disabled Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you applying for: <input type="checkbox"/> Full-time (F) <input type="checkbox"/> Temporary (T) <input type="checkbox"/> Part-time (P) <input type="checkbox"/> Summer (S)	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
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Disabled (Physical or mental impairment that substantially limits a major life activity such as hearing, seeing, speaking, breathing, performing manual tasks, walking, caring for oneself, learning, thinking or working; has a record of such an impairment; or is regarded as having such an impairment.)

Do you require special testing conditions to accommodate a disability? Yes No

If Yes, what special accommodation is needed? (Be specific)

How did you learn about this job? (Please check one source)

<input type="checkbox"/> Dickinson County News	Name: _____
<input type="checkbox"/> Sioux City Journal	Name: _____
<input type="checkbox"/> Sioux Falls Argus Leader	Name: _____
<input type="checkbox"/> Spencer Daily Reporter	Name: _____
<input type="checkbox"/> Des Moines Register	Name: _____
<input type="checkbox"/> Other Publication	Name: _____
<input type="checkbox"/> Minority Group Referral Source	Name: _____
<input type="checkbox"/> Women's Resource Agency	Name: _____
<input type="checkbox"/> Radio Announcement/Station	Name: _____
<input type="checkbox"/> City Office	Name: _____
<input type="checkbox"/> College/Tech School	Name: _____
<input type="checkbox"/> Public Employment Agency	Name: _____
<input type="checkbox"/> Private Employment Agency	Name: _____
<input type="checkbox"/> Job Fair	Name: _____
<input type="checkbox"/> Walk in	Name: _____
<input type="checkbox"/> Other (specify):	Name: _____
<input type="checkbox"/> Internal Vacancy Notice	Name: _____