



Iowa Employment Appeal Board

James Strohman, Chair
Myron Linn, Vice Chair
Ashely Koopmans, Member

APPLICATION FOR INCLUSION ON QUALIFIED MEDIATOR LIST

NAME:

	BUSINESS	HOME
ADDRESS:		
EMAIL:		
PHONE NUMBER	BUSINESS:	HOME:
	MOBILE:	FAX:

EDUCATION (include dates, degrees earned, and school):

EXPERIENCE IN LABOR RELATIONS (include dates and fields):
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EXPERIENCE IN MEDIATION (include dates and dispute types):

PLEASE CHECK ALL STATEMENTS THAT APPLY:

- I am able and willing to travel throughout Iowa.
- I am able and willing to work prolonged and unusual hours.
- I am able and willing to conduct mediations in an impartial manner.

PLEASE ANSWER THE FOLLOWING:

1. Are you currently, or have you ever been, an advocate as defined in rule 621—13.2(20)? If so, provide the dates and for whom you advocated.

2. Are you aware of any potential conflicts of interest, as defined in rule 621—13.6(1), you may have with parties appearing before EAB? If so, what are they?

**PLEASE PROVIDE TWO PROFESSIONAL REFERENCES,
PREFERABLY ONE MANAGEMENT AND ONE LABOR:**

NAME:		
ADDRESS:		
PHONE:		
EMAIL:		

The information on this application form is complete and accurate to the best of my knowledge.

Signed: _____ Date: _____