

Iowa Employment Appeal Board

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

APPLICATION FOR LISTING ON QUALIFIED ARBITRATOR ROSTER

NAME:				
	BUSINESS	HOME		
ADDRESS:				
EMAIL:				
PHONE NUMBER	BUSINESS:	HOME:		
	MOBILE:	FAX:		
CATEGORIES FOR WHICH YOU SEEK INCLUSION: DO YOU QUALIFY FOR THE ARBITRATOR MENTORSHIP PROGRAM? See Rule 621-14.6.				
Interest Arbitration* Yes				
	nce Arbitration**	No		
Teacher Termination Adjudication				
*If you are applying to be an interest arbitrator, you must include interest arbitration decisions including decisions where you ruled in favor of labor and where you ruled in favor of management.				
**If you are a grievance arbitrator, you must include grievance arbitration decisions including decisions where you ruled in favor of labor and where you ruled in favor of management.				
PLEASE ANSWER THE FOLLOWING:				
1. Are you currently, or have you ever been, an advocate as defined in Rule 621—14.2? 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—14.8(1), you may have with parties appearing before EAB? If so, what are they?			
EDUCATION (include dates, degrees earned, and school):			
EVENUE IN LABOR DELATIONS (* . l. l. l. (l. (
EXPERIENCE IN LABOR RELATIONS (include dates and fields):			
EVERTIFICE IN ARRITRATION (in abode datas and disputs tops a)			
EXPERIENCE IN ABRITRATION (include dates and dispute types)			
List All Arbitrator/Neutral Rosters In Which You Are Currently Active And In Good Standing:			

PLEASE PROVIDE ONE MANAGEMENT AND ONE LABOR REFERENCE:

	MANAGEMENT	LABOR
NAME:		
ADDRESS:		
PHONE:		
EMAIL:		
	ı	
	TTACH WRITING SAMPLES OF	R OTHER PROOF DEMONSTRATING ARBITRATION. See Rule 621—14.5(4).
TOUR EXPERI	ence in Labor Relations and/or	ARBITRATION. See Nule 021—14.5(4).
Read and initial	the following:	
I under	stand that I may need to serve as a media	ator with the EAB before becoming an arbitrator.
I under	stand there is a fee of \$150 to be included	d on the approved arbitrator list.
I unders		aximum payment for arbitrator services as defined
111 Kule 021—14.	4.	
The information	on this application form is complete and	accurate to the best of my knowledge.
Signed:		
Date:		