



APPLICATION FOR EMPLOYMENT

2533 Scott Blvd SE Iowa City, IA 52240-8195 ■ PHONE 319-338-9212 ■ FAX 319-341-9443 ■ www.sui.org

MISSION STATEMENT: Systems Unlimited offers personalized services within local communities which help people improve and maintain the quality of their life.

LAST NAME	FIRST NAME	MIDDLE INIT	NICKNAME	E-MAIL ADDRESS
Are you at least 18 years of age? Yes / no Are you legally eligible for employment in the United States? Yes / No			Area of Interest: <input type="checkbox"/> Iowa City <input type="checkbox"/> Tipton <input type="checkbox"/> Cedar Rapids <input type="checkbox"/> Monticello <input type="checkbox"/> Washington <input type="checkbox"/> W/Burg	
(MAILING ADDRESS)		AREA CODE	PHONE #	CELL # :
STREET				
CITY		STATE		ZIP CODE

(THIS SECTION OPTIONAL)

PERSON TO NOTIFY IN CASE OF EMERGENCY _____

ADDRESS _____ RELATIONSHIP _____

PHONE (____) _____

Do you desire full time or part time employment? Full time Part time Number of hours/week _____

Position(s) desired: _____

To complete required background checks we need your maiden name or any aliases you may be known as.
 If none, please indicate such. _____

Have you previously been employed by Systems Unlimited, Inc.? _____ If so, when? _____

How Did You Learn About Systems Unlimited?

Daily Iowan Press Citizen Gazette SUI Web Site
 Job Net Corridor Careers Movie Theater _____
(Other)

Were you referred by a current employee? Yes No

If you were referred, please give us that employee's name: _____

PLEASE READ AND SIGN ALL SECTIONS

CONVICTION REPORTING

Please check all statements that apply:

- I have never been convicted of a crime in this or any other state. **Please include deferred judgments.**
- I do not have a record of founded child or dependent adult abuse in this or any other state:
- I have been convicted of, or found guilty of: _____ Explain the circumstances, sentence, etc.
Please include deferred judgements.

While a conviction in itself may not prohibit employment, all factors surrounding the conviction will be considered in respect to the job duties. I understand that depending upon the nature of the conviction I may be denied employment. If I become an employee, I agree to notify the Agency of any previous criminal convictions and understand that depending upon the nature of the offense, my employment may be terminated. Such action would occur only after a careful consideration of all the facts. In addition, I also agree to self report any criminal convictions which occur after I become an employee.

I understand that by signing below, the agency will check the child and/or adult abuse registries as well as the DCI for a criminal records check. The post-employment discovery of conviction information not provided here will subject me to the disciplinary policy. This will likely result in termination of my employment.

Signature

Date

SAFE DRIVING STATEMENT

Please check the appropriate box below, read the complete statement and sign it to indicate your understanding:

- I currently have a valid driver's license. Driver's license #: _____
- *I do not currently have a valid driver's license.

*I understand that this may prevent Systems Unlimited, Inc. from offering me employment, or it may restrict the type of position and/or location offered to me.

I also understand that before I may be allowed to drive on agency business, a Motor Vehicle Records check will be conducted.

Signature

Date

**PLEASE READ CAREFULLY
CONDITIONS OF EMPLOYMENT**

- A. I authorize investigation of all statements contained in this application. I authorize my former employers and educational institutions to give any information they may have regarding my employment history, personal background and scholastic record and hereby release them and their organizations from all liability for any damage whatsoever for issuing same.
- B. If employed by Systems Unlimited, Inc.: I will faithfully, diligently, and to the best of my ability perform duties of employment, and accept and obey all rules, regulations, provisions and policies of employment issued, or to be issued by said employer. **I understand that misrepresentation or omission of facts in this application for employment is cause for dismissal.**

Further, I understand and agree that **my employment is "at will"** and is therefore for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

I have read and hereby affix my signature as verification of the foregoing statements.

Signature

Date

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

In accordance with Iowa's Smokefree Air Act, Systems Unlimited, Inc. prohibits smoking except in authorized outdoor areas.