



# 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, Inc. exists to serve children, adults and families with disabilities and other challenges to achieve their maximum potential and quality of life.

LAST NAME	FIRST NAME	MIDDLE INITIAL
PREFERRED NICKNAME	E-MAIL ADDRESS	<b>Area of Interest:</b> <input type="checkbox"/> Iowa City <input type="checkbox"/> Muscatine <input type="checkbox"/> Cedar Rapids <input type="checkbox"/> Monticello <input type="checkbox"/> Washington <input type="checkbox"/> Other
(MAILING ADDRESS)	AREA CODE    PHONE NUMBER	CELLULAR PHONE NUMBER
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: \_\_\_\_\_

## EMPLOYMENT / VOLUNTEER HISTORY

LIST IN ORDER, MOST RECENT EMPLOYER FIRST

NAME OF EMPLOYER:	STREET: CITY: STATE:          ZIP:	DATE STARTED	DATE LEFT	FINAL PAY
NAME OF SUPERVISOR	PHONE NO.	POSITION HELD	REASON FOR LEAVING	
IF STILL EMPLOYED, MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>	Brief Description of Duties:			
NAME OF EMPLOYER:	STREET: CITY: STATE:          ZIP:	DATE STARTED	DATE LEFT	FINAL PAY
NAME OF SUPERVISOR	PHONE NO.	POSITION HELD	REASON FOR LEAVING	
Brief Description of Duties:				
NAME OF EMPLOYER:	STREET: CITY: STATE:          ZIP:	DATE STARTED	DATE LEFT	FINAL PAY
NAME OF SUPERVISOR	PHONE NO.	POSITION HELD	REASON FOR LEAVING	
Brief Description of Duties:				
NAME OF EMPLOYER:	STREET: CITY: STATE:          ZIP:	DATE STARTED	DATE LEFT	FINAL PAY
NAME OF SUPERVISOR	PHONE NO.	POSITION HELD	REASON FOR LEAVING	
Brief Description of Duties:				

## PERSONAL REFERENCES

Give below the names of two persons not related to you, who you have known for at least 3 years.

NAME & PHONE NO.	ADDRESS	TIME KNOWN
1.  (    )	STREET:  CITY:  STATE:          ZIP:	
2.  (    )	STREET:  CITY:  STATE:          ZIP:	



**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 judgments.**

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.**

APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

Please put an “X” in the boxes where you are generally NOT available. This information will help us match you with the current needs of our residences. **YOUR AVAILABILITY, AS INDICATED BELOW, IS FOR AN INITIAL PLACEMENT AND SHOULD NOT BE CONSTRUED AS TIMES WHEN WORK WILL, OR WILL NOT, BE SCHEDULED.**

	Mon	Tue	Wed	Thu	Fri	Sa	Sun
6:00 a.m.							
7:00 a.m.							
8:00 a.m.							
9:00 a.m.							
10:00 a.m.							
11:00 a.m.							
NOON							
1:00 p.m.							
2:00 p.m.							
3:00 p.m.							
4:00 p.m.							
5:00 p.m.							
6:00 p.m.							
7:00 p.m.							
8:00 p.m.							
9:00 p.m.							
10:00 p.m.							
Overnight							