

Please fill and submit electronically or print in ink (preferably black).

Number of attachments _____

Position number _____

Dymin Systems, Inc.

An Equal Opportunity Employer

Application for Employment**Submit Form**

Send this application directly to;
 Dymin Systems
 3970 NW Urbandale Drive
 Urbandale, IA 50322

Employees of Dymin Systems and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the agency to which you are applying.

1. Position applied for _____
 (one per application)

2. Store # _____

3. Social Security No. _____

(Note: Completion of number three is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social security number may be required on other forms prior to employment.)

4. Full legal name _____
 Last First Middle

6. Home Phone () _____

5. Address _____

7. Business Phone () _____

8. **EDUCATION**

a. Check highest grade completed ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐11 ☐12 Year Completed _____

b. If you did not complete high school, do you have a high school equivalency diploma? ☐ Yes ☐ No Date Received _____

c. Check number of years of post high school education ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7

Name and Location of Institution	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

9. **EXPERIENCE** — Use Supplementary Experience Form(s) for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor? ☐ Yes ☐ No

a. **Job Title** _____ **Duties:** _____
 Employer _____
 Address _____

 Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____
 Salary (start) _____ (finish) _____
 Dates (mo/yr) _____ to (mo/yr) _____
 Full-time _____ Part-time _____ Hours/week _____
 Number and titles of employees you supervised _____
 Equipment used _____
 Reason for leaving _____
 Your name if different from present _____

b. **Job Title** _____ **Duties:** _____
 Employer _____
 Address _____

 Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____
 Salary (start) _____ (finish) _____
 Dates (mo/yr) _____ to (mo/yr) _____
 Full-time _____ Part-time _____ Hours/week _____
 Number and titles of employees you supervised _____
 Equipment used _____
 Reason for leaving _____
 Your name if different from present _____

c. **Job Title** _____ **Duties:** _____
Employer _____
Address _____

_____ Phone _____
Type of business _____
Immediate supervisor _____
Title _____ Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____ Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
Full-time _____ Part-time _____ Hours/week _____ Your name if different from present _____

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: _____

e. Automated word processing (specify equipment) _____
Typing speed _____ words per minute. Shorthand speed _____ words per minute

f. License (to include driver's), certificate or other authorization to practice a trade or profession.

Type	License Number	Granted by (licensing board)

10. REFERENCES

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

11. MISCELLANEOUS

a. Check which shift you will accept: ☐ Day ☐ Evening ☐ Night ☐ Rotating ☐ Weekends Specify shift hours _____
b. Check which job status you would accept: ☐ Full-time ☐ Part-time (specify) _____
c. Check which employment status you'd accept: ☐ Salaried (benefits) ☐ Hourly (No benefits) ☐ Part-time salaried (leave benefits only)
d. Are you willing to accept employment which requires you to travel? ☐ No ☐ Yes. If yes, ☐ During the day only,
☐ Occasionally overnight, ☐ Frequently overnight.
e. List the geographic locations in which you are willing to work. If anywhere in Iowa, write "all" _____
f. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?
☐ Yes ☐ No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.
g. Are you willing to provide your own transportation if necessary for your employment? ☐ Yes ☐ No.
h. Have you ever been convicted* for any violation(s) of law, including moving traffic violations. ☐ Yes ☐ No If YES, please provide the following:
Description of offense: _____
Statute or ordinance(if known): _____ Date of Charge: _____ Date of Conviction: _____
County, City, State of Conviction: _____
(For additional convictions use plain paper. Include all information listed above.)

*Convictions include Iowa juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.

12. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)
_____ Month _____ Day _____ Year

13. CERTIFICATION--Each Application Requires Current Date and Original Signature

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the service of Dymin Systems. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize Dymin Systems to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Date _____ Applicant Signature _____

Pursuant to federal regulations, we collect responses to the questions below for record keeping purposes. This information will NOT be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.

Check the block for the racial or ethnic group with which you identify:

- ☐ White (includes Arabian)
- ☐ Black (includes Jamaican, Bahamians and other Carribbeans of African but not Hispanic or Arabian descent)
- ☐ Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)
- ☐ Asian & Asian American (includes Pakistanis, Indians & Pacific Islanders)
- ☐ American Indians (includes Alaskans)

Check the block for the highest level of education you have completed (check only one):

- ☐ Less than 8th grade
- ☐ Completed 8th grade
- ☐ Attended high school
- ☐ High school graduate or equivalent
- ☐ Attended college and/or associate degree
- ☐ College graduate
- ☐ Attended graduate school
- ☐ Master’s degree
- ☐ Graduate study beyond master’s requirements
- ☐ Ph.D. or professional degree

Check the appropriate block:

- ☐ Female
- ☐ Male

Please indicate your date of birth: __/__/__

Position applied for: _____

Position number: _____

How did you find out about this employment opportunity?

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Newspaper* | <input type="checkbox"/> State RECRUIT system |
| <input type="checkbox"/> Radio/TV* | <input type="checkbox"/> Agency Bulletin Board |
| <input type="checkbox"/> VEC | <input type="checkbox"/> Other (please specify) |

*specify name of newspaper or other media

MVR RELEASE FORM

I, _____, give permission for my Motor Vehicle
(*Employee or Prospective Employee's Name*)

Record information to be shared with my employer or prospective employer,

_____, for the purpose of
(*Employer or Prospective Employer Name*)

explaining my driver qualifications for underwriting purposes, provided there is no other
distribution or use of this information for any other purposes.

(*Employee/Prospective Employee's Signature*)

(*Date Signed*)

DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION

As part of our hiring background and investigation, we may obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Consumer Rights under the Fair Credit Reporting Act

AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit Dymin Systems, Inc. to obtain a consumer report and/or an investigative consumer report which may include the following:

1. My employment records;
2. Records concerning any driving, criminal history, credit history, civil record, workers' compensation (post-offer only) and drug testing;
3. (For truck drivers only) In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances for the past 2 years;
4. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as Dymin Systems, Inc. from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize Dymin Systems, Inc. to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment.

Date: _____

Signature: _____

Full Name: _____
(Please print clearly)

(A copy of Current Drivers License must be attached.)