



Equal Opportunity Employer

Position you are applying for:							
Check all that you may be interested in: Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal: <input type="checkbox"/> Internship: <input type="checkbox"/>							
Last Name			First Name			Middle Initial	
Mailing Address			City			County	
State	Zip	Cell Telephone No.	Home Telephone No.	Business Phone No.	E-Mail Address		
Driver's License #		State	Expiration Date	<input type="checkbox"/> Operators (Private Vehicle) <input type="checkbox"/> CDL (present copy to HR)		License Class ____ Endorsement ____	
What is your expected pay for the position(s) that you are applying?						Available Start Date	
Are you claiming Veteran's Preference? (Attach a copy of DD214 and/or service connected disability)						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a felony since your 18th birthday? If you answered yes, please complete the following: (Conviction is not an automatic bar to employment. Each case is considered on its individual merits). <i>Nature of Offense</i> <i>Name & Location of Court</i> <i>Date of Conviction</i>						(Inaccurate information here will result in disqualification.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are any of your educational or employment records found under a different last name? If yes, please give the last name. <i>Previous Last Name</i>						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been discharged or forced to resign from any position? If yes, please give employer, date and reason. <i>Employer</i> <i>Date and Reason</i>						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any friends or relatives working for an Integrity company? If yes, please complete the following: (Continue listing on a separate page if necessary) <i>Name</i> <i>Relationship</i> <i>Department</i>						<input type="checkbox"/> Yes <input type="checkbox"/> No	
If hired, are you authorized to work in the United States? For non citizens, a copy of your authorization to work issued by the U.S. Immigration and Naturalization Service must be submitted with application.						<input type="checkbox"/> Yes <input type="checkbox"/> No	
References						For Office Use Only: Date and Time Received	
Name			Telephone Number				



EDUCATION, TRAINING AND CERTIFICATIONS

Elementary and High School Education

Highest Grade Completed (choose one)

1 2 3 4 5 6
 7 8 9 10 11 12

Do you have a:

High School diploma YES NO or
 GED YES NO

Name and Location of Last K-12 School Attended
(High School, Junior High or Elementary)
 Name: _____
 Location: _____

Indicate the **number** of high school courses completed in each subject: _____ algebra _____ bookkeeping _____ calculus

_____ geometry _____ trigonometry _____ tax

Related Special Training (Correspondence, Business, Trades, Vocational, Armed Forces Schools, Etc)

Names and Locations of School	Dates Attended (Mo & Yr)		Courses/Subjects Completed	Credit Hours	Diplomas/Certificates Received
	From	To			

Colleges And Universities Attended (Undergraduate & Graduate)

Names and Locations of School(s)	Dates Attended (Mo & Yr)		Credit Hours		Degree <u>Earned</u> (e.g.BA/BS) List IF completed	Major	Minor
	From	To	Semester	OR Quarter			

Major <u>Undergraduate</u> College Subjects	Credit Hours		Major <u>Graduate</u> College Subjects	Credit Hours	
	Semester	OR Quarter		Semester	OR Quarter

Related Licenses

Professional License Issued By	Field/Trade Specialization	License Number	Issue Date	Expiration Date

SKILLS

<input type="checkbox"/> DRAKE Software	<input type="checkbox"/> QuickBooks	<input type="checkbox"/> Microsoft Excel	<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Outlook	<input type="checkbox"/> Microsoft Windows	<input type="checkbox"/> Other software _____	Languages spoken and written FLUENTLY
Also include specific software experience in your job descriptions.							_____
_____							_____
_____							_____

5	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address (city and state are required)	
	<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer	Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
Reason for Leaving				
Title of Position Held			Number & Job Title of Employees you Supervised	
Describe job duties & include details of computer software used, equipment & tools used, guidelines followed, decisions made, reports completed, types of communications, customer service details such as age groups served & other details that will provide for a clear understanding of your job.				

CONDITIONS OF EMPLOYMENT STATEMENT

Under penalties of perjury, I declare that my answers to the questions on this application and any necessary examinations and supplements are true and give Integrity the right to investigate all information given and to secure additional appropriate information if necessary. I understand that an investigative report may be made from information obtained through personal interviews with others. I understand that this inquiry may include information as to my personal characteristics, employment verification, credential verification, personal identity verifications, reference checks, criminal records, motor vehicle records, and appropriateness for employment. In accordance with the law and my understanding of this statement, I authorize my current and former employers to give any information regarding my employment, together with all information regarding me, and hereby release from all liability or responsibility all persons, companies, or corporations furnishing such information in good faith. I also authorize the release of my scholastic ratings to Integrity by schools and other education institutions that I have attended.

I understand that the completion of this application does not assure me of a position with Integrity and does not obligate Integrity to me in any way. **I further understand that any misrepresentation herein WILL cause my application to be rejected, my name to be removed from the eligible register and/or subject me to dismissal.** Candidates selected for hire may be required to pass a drug screen prior to employment. I am aware that the results will be made available to the Human Resources Director or a duly authorized representative. Integrity is committed to a drug free work place to protect the safety of workers and the public and will comply with the Federal Drug Free Work Place Act.

I understand that this application, exam documents and attachments become a part of Integrity’s records and will not be returned, reused or copied for me once submitted.

Please read the minimum requirements (and application notes if the job is posted) before applying.

By my signature, I certify, authorize and acknowledge the above statements.

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Signature	Date	Social Security Number
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(Unsigned applications will not be considered)