



APPLICATION FOR EMPLOYMENT

We appreciate your interest in our company and will be happy to explore with you the possibilities of joining our staff. Please complete this application yourself, in ink or typewritten, giving complete answers to the questions. Resumes may be attached; however, this application must be complete.

PLEASE PRINT

Name	(Last)	(First)	(Middle)
Address	(Street)		Telephone No.
(City)	(State)	(Zip)	Social Security No.

Position Applying for _____ Salary desired _____

Other positions you would like to be considered for _____

Are you a U.S. Citizen or a Permanent Resident Alien? Yes No If no, what is your immigration status?

How were you referred to the company? _____

Have you ever worked at the company before? Yes If yes, when? _____ No

Have you ever been employed under another name? Yes If yes, what name? _____ No

Have you ever been convicted of any crime?
 Yes No Note: Conviction of a crime will not be an absolute bar to employment. Factors such as age at time of the offense, nature of the violation, and rehabilitation will be taken into account.
 If yes, list when, where, and disposition of case. _____

Can you work overtime? Yes No Date available to work _____

EDUCATION

	SCHOOL NAME	ADDRESS	Number of years attended	Degree	Major
HIGH					
COLLEGE					
GRADUATE					
OTHER					

Courses now studying _____

EMPLOYMENT HISTORY List latest job first. Account for all time including paid and non-paid experience.

MOST RECENT POSITION HELD	SALARY	INCLUSIVE DATES TO	NO. OF YRS
COMPANY NAME		TYPE OF BUSINESS	
COMPANY ADDRESS		CITY, STATE, ZIP	
NAME OF SUPERVISOR	PHONE (INCL. AREA CODE)	REASON FOR LEAVING	
DESCRIBE BRIEFLY YOUR DUTIES			

PREVIOUS POSITION HELD	SALARY	INCLUSIVE DATES TO	NO. OF YRS
COMPANY NAME		TYPE OF BUSINESS	
COMPANY ADDRESS		CITY, STATE, ZIP	
NAME OF SUPERVISOR	PHONE (INCL. AREA CODE)	REASON FOR LEAVING	
DESCRIBE BRIEFLY YOUR DUTIES			

PREVIOUS POSITION HELD	SALARY	INCLUSIVE DATES TO	NO. OF YRS
COMPANY NAME		TYPE OF BUSINESS	
COMPANY ADDRESS		CITY, STATE, ZIP	
NAME OF SUPERVISOR	PHONE (INCL. AREA CODE)	REASON FOR LEAVING	
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PREVIOUS POSITION HELD	SALARY	INCLUSIVE DATES TO	NO. OF YRS
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NAME OF SUPERVISOR	PHONE (INCL. AREA CODE)	REASON FOR LEAVING	
DESCRIBE BRIEFLY YOUR DUTIES			

For periods of non-employment (four weeks or longer), list the dates and reasons:

Dates	Reason

SKILLS

√ 1 Check for knowledge

√√ 2 Checks for experience

- 10-Key Adding Machine
- MS Access Databases
- Microsoft Excel

- Microsoft Word
- Proofreading
- Multi-Line Phone System

- Typing _____ W.P.M.
- Windows Based PC

Other _____

List special training or noteworthy achievements and applicable dates.

PROFESSIONAL REFERENCES

Please provide the names, addresses, and telephone numbers for 3 persons not related to you who can provide information relative to your ability to perform work.

Name	Address	Phone Number
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____



MILITARY SERVICE

Branch of Service	Active Duty Dates	Reserve Status
Service Schools		
Specialized Training		

PLEASE READ CAREFULLY

MY SIGNATURE INDICATES I understand and agree to all of the conditions listed below.

- I certify that all of the foregoing statements are true and correct to the best of my knowledge. I understand that misrepresentation or omission of information requested in this application is cause for denial of employment or dismissal.
- I understand that inquiries will be made of former employers and references regarding work performance and of educational institutions regarding transcripts. I release from all liability all persons, companies, corporations and educational institutions supplying such information. Additionally, I will indemnify and hold harmless Integrity Administrators, Inc. and its officers, directors, employees, and agents against any liability which might result from making such an investigations.
- I understand that if employed at Integrity Administrators, Inc. my employment is at-will and that either I or the company can terminate the employment relationship, with or without cause, at any time, without prior notice.

Signature _____ Date _____