



EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER. It is our policy to abide by all Federal and State laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age (over 40), sex, marital status, or physical or mental disability, except where a reasonable, bona fide occupational qualification exists.

PLEASE TYPE OR PRINT IN INK. Today's Date _____

Name _____ Soc. Sec. # (Optional) _____

Address _____ How Long? _____

City _____ State/Zip _____

Day Phone (____) _____ Home Phone (____) _____

Position for which you are applying _____

Check the following options you would consider Full Time Part Time Temporary

If part time, specify hours or days _____

What is your minimum salary requirement? _____ Date available for work _____

Do you have any commitments to another employer that might affect your employment with us? _____

EDUCATION AND TRAINING

| | School Name | City and State | Degree/ Major Course of Study | Degree Received |
|-----------------|-------------|----------------|----------------------------------|-----------------|
| High School | | | | r Yes r No |
| College | | | | r Yes r No |
| Graduate School | | | | r Yes r No |
| Trade School | | | | r Yes r No |

List any other education, training, special skills or certificates/licenses that you possess related to the job _____

List any machines, equipment, or software programs on which you are qualified and experienced in operating _____

List any languages that you fluently speak. _____ Read/write _____

Do you have a valid driver's license in this state? Yes No

Military experience? Yes No If yes, what branch? _____

Rank at separation _____

GENERAL INFORMATION

Can you, after employment, submit verification of your legal right to work permanently in the U. S.? Yes No

Are you 16 years old or over? Yes No If under 18, state age _____

GENERAL INFORMATION (continued)

Were you previously employed by Integritys Corporation? Yes No If yes, dates _____

List any relatives working for Integritys Corporation _____

During the last ten years, have you ever been convicted of, plead guilty to, or received probation, deferred adjudication, or any other type of alternative method of supervision or correction for a felony or a misdemeanor, having a penalty of imprisonment or a fine of over \$500? (Answering yes is not an automatic bar to employment but will be considered in relation to specific job requirements.) Yes No

If yes, explain _____

Can you perform the essential functions of the job? Yes No

Do you require any accommodation to perform the essential functions of the job? Yes No

If yes, explain _____

Have you ever been granted a security clearance? Yes No

If yes, indicate employer. _____

Granting agency _____ Date granted _____ Level of clearance ____ Date expired _____

Is there any reason why you would not be eligible for a clearance? Yes No

Has a security clearance ever been refused or revoked? Yes No

Do you have any objection to a complete background investigation by an agency of the U.S. Government for security clearance purposes? Yes No

EMPLOYMENT HISTORY

List all work experience beginning with the present or most recent job (use back of application, if necessary).

| NAME OF EMPLOYER | TYPE OF BUSINESS | | |
|--|---|-------------|-----|
| ADDRESS | CITY | STATE | ZIP |
| DATES EMPLOYED (FROM-TO) | TITLE () | | |
| NAME AND TITLE OF SUPERVISOR | TELEPHONE NUMBER | | |
| MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO | WAS EMPLOYMENT? <input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME | | |
| BRIEF DESCRIPTION OF DUTIES | | | |
| REASON FOR LEAVING | | LAST SALARY | |

| NAME OF EMPLOYER | TYPE OF BUSINESS | | |
|--|---|-------------|-----|
| ADDRESS | CITY | STATE | ZIP |
| DATES EMPLOYED (FROM-TO) | TITLE () | | |
| NAME AND TITLE OF SUPERVISOR | TELEPHONE NUMBER | | |
| MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO | WAS EMPLOYMENT? <input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME | | |
| BRIEF DESCRIPTION OF DUTIES | | | |
| REASON FOR LEAVING | | LAST SALARY | |

| | | | | |
|----------------------------------|--|---|-------|-----|
| NAME OF EMPLOYER | | TYPE OF BUSINESS | | |
| ADDRESS | | CITY | STATE | ZIP |
| DATES EMPLOYED (FROM-TO) | | TITLE () | | |
| NAME AND TITLE OF SUPERVISOR | | TELEPHONE NUMBER | | |
| MAY WE CONTACT? ____ YES ____ NO | | WAS EMPLOYMENT? ____ PART TIME ____ FULL TIME | | |
| BRIEF DESCRIPTION OF DUTIES | | | | |
| REASON FOR LEAVING | | LAST SALARY | | |

| | | | | |
|----------------------------------|--|---|-------|-----|
| NAME OF EMPLOYER | | TYPE OF BUSINESS | | |
| ADDRESS | | CITY | STATE | ZIP |
| DATES EMPLOYED (FROM-TO) | | TITLE () | | |
| NAME AND TITLE OF SUPERVISOR | | TELEPHONE NUMBER | | |
| MAY WE CONTACT? ____ YES ____ NO | | WAS EMPLOYMENT? ____ PART TIME ____ FULL TIME | | |
| BRIEF DESCRIPTION OF DUTIES | | | | |
| REASON FOR LEAVING | | LAST SALARY | | |

BUSINESS REFERENCES (List three individuals, in addition to listed employment references, known to you for at least three years.)

| NAME | OCCUPATION/ASSOCIATION | PHONE |
|----------|------------------------|-----------|
| 1. _____ | _____ | () _____ |
| 2. _____ | _____ | () _____ |
| 3. _____ | _____ | () _____ |

Person to be notified in case of emergency:

Name _____ Telephone _____

Address _____

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, honors received, etc. (You may omit all information that would indicate age, sex, sexual orientation, race, religion, color, national origin, or disability.)

AGREEMENT (Please read the following statement carefully.)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to be the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize all persons listed above (and on the accompanying resume, if any) to give Integritys Corporation any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties, such persons and Integritys, from liability for any damage that may result from furnishing same to Integritys.

I understand that Integritys will provide workers' compensation insurance coverage for Integritys employees. In the event of an injury in the workplace, I agree that my sole remedy lies in coverage under Integritys's workers' compensation insurance policy.

If employed by Integritys Corporation, I agree to abide by the policies and procedures of Integritys which includes Integritys's Anti-Harassment Policy. I further understand that my employment can be terminated, with or without cause or notice, at any time, at the discretion of Integritys or myself. I further understand that no manager or representative of Integritys other than the president of Integritys has any authority to enter into any agreement, oral or written, on behalf of Integritys for a term of employment or to make any assurance or promise of continued employment.

I understand and agree that I may be required to take a drug and alcohol-screening test. I hereby give my voluntary consent for a blood and/or urine sample to be collected from me and submitted for testing. I also consent to the release of the test result to Integritys for their use. I understand that any positive drug or alcohol result may preclude my employment.

Signature _____ Date _____