



INTEGRA STAFF FULL WORK APPLICATION

First Name:	Middle Name:	Last Name:	Date:
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Application for position of:	Date Available:	E-Mail Address:
Present Address(number, street, city, state, zip code):		Home Phone:
Mailing Address (If different from above):		Emergency Phone:
What hours are you available to work? <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Types of Employment Preferred (Check more than one box if desired)	
What Days are you available to work? <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> Permanent (Full-time) <input type="checkbox"/> Permanent (Part-time) <input type="checkbox"/> Temporary (Full-time) <input type="checkbox"/> Temporary (Part-time)	Until: <input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have access to a car? (For some positions a vehicle is required.) Yes No

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

Are you over 18? Yes No

Do you have legal authorization to work in this country? Yes No

Are you a veteran? Yes No

EDUCATION AND TRAINING	
Check the box next to the highest grade or year completed in school: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Do you have a High School Diploma, HSED, or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name and Location of High School:

TRAINING BEYOND HIGH SCHOOL (College or University, Nursing, Business College, or other schools you have attended.) Under credits earned, indicate Q for Quarter Hours and S for Semester Hours.	Check the box next to the number of years in college or university: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
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Name and location	Dates Attended		Credit Earned	Major Field	GPA/Base	Degree (and Year) Conferred
	From	To				

Describe any education or training you have had which is not covered above, such as vocational schools, correspondence courses, service schools, in-service training, or volunteer work which you feel is relevant to the job or jobs for which you are applying. Also, include relevant licenses or certificates. *Be specific.*

List any organizations you belong to (or have belonged to) and any job-related honors or awards you have received:



INTEGRA STAFF

WORK EXPERIENCE: Provide a complete description. This information will be used to determine if your application is accepted. Be specific with your most recent job and attempt to include employment occurring over the past 10 years. BE CERTAIN TO INCLUDE SERVICE IN THE ARMED FORCES. For part-time work, list the average number of hours per month. Indicate any changes in job title under same employer as separate position. Use additional pages if necessary to complete this section.

Employer	Kind of Business	Street Address
Your Title	Reason for Leaving	City, State, Zip Code
Your Duties		Name of Supervisor
		Total Time Employed
		From (month, year)
		Check <input type="checkbox"/> Monthly Salary Beginning : \$ One: <input type="checkbox"/> Hourly Salary Ending \$
Employer Phone #:		
Employer	Kind of Business	Street Address
Your Title	Reason for Leaving	City, State, Zip Code
Your Duties		Name of Supervisor
		Total Time Employed
		From (month, year)
		Check <input type="checkbox"/> Monthly Salary Beginning : \$ One: <input type="checkbox"/> Hourly Salary Ending \$
Employer Phone #:		
Employer	Kind of Business	Street Address
Your Title	Reason for Leaving	City, State, Zip Code
Your Duties		Name of Supervisor
		Total Time Employed
		From (month, year)
		Check <input type="checkbox"/> Monthly Salary Beginning : \$ One: <input type="checkbox"/> Hourly Salary Ending \$
Employer Phone #:		
Employer	Kind of Business	Street Address
Your Title	Reason for Leaving	City, State, Zip Code
Your Duties		Name of Supervisor
		Total Time Employed
		From (month, year)
		Check <input type="checkbox"/> Monthly Salary Beginning : \$ One: <input type="checkbox"/> Hourly Salary Ending \$
Employer Phone #:		

May we communicate with your present employer? Yes No May we communicate with your past employers? Yes No

REFERENCES:

Name:	Address:	Telephone:
Name:	Address:	Telephone:
Name:	Address:	Telephone:
Signature	Date Signed:	

Information furnished on this application is subject to verification. This information will be used to determine your qualifications. Misrepresentation of data could result in rejection as a candidate or subsequent dismissal if employed.



Is there a criminal charge, felony or misdemeanor currently pending against you which would substantially relate to the position you are applying for?

Yes or No If yes, please give a brief description of the pending charge.

Have you ever been convicted of a crime, felony or misdemeanor? Yes or No

If yes, please give a brief explanatory statement.

Have you ever been convicted of a crime, felony or misdemeanor in any other state or country Yes or No

If yes, please give a brief explanatory statement.

A conviction or an arrest will not necessarily disqualify you from employment. It will be considered only as it relates to the job you are seeking.



Authorization to Obtain a Consumer Credit Report and Release of Information for Employment Purposes

Pursuant to the Federal Fair Credit Reporting Act, I hereby authorize Integra Staff and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand the scope of the consumer verification of Social Security number; current and previous residence; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, _____, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation or public agency may have. I understand that I must provide my date of birth to adequately complete said screening and acknowledge that my date of birth will not affect any hiring decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish Integra Staff or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I hereby release Integra Staff and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at anytime result to me, my heirs, family or associates because of compliance with this authorization and request to release. You may contact me as indicated below. I understand that a copy of this authorization may be given at any time, provided I do so in writing.

I understand that, pursuant to the Federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's right will be provided to me. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

Please Print Clearly

1. Name (Full) _____

2. Print All Former Names Used (A) _____

(B) _____

3. Social Security Number _____

4. Date of Birth _____

5. Telephone Number _____

6. Current Street Address _____

7. City _____ State _____ Zip _____

8. ID or Driver's License Number (circle one) _____

9. State Issued _____ Expiration date _____

10. May we contact your employers? _____

11. May we contact your supervisors? _____



12. Prior residence, past seven (7) years

1.) _____

From _____ To _____

2.) _____

From _____ To _____

3.) _____

From _____ To _____

By signing below, I acknowledge that I have read and understand the statements above. I am also certifying that the above information is true and correct.

Signature _____

Date _____



Reference Check Form

I authorize Integra Staff to make any inquiry of or receive information from any person or organization regarding my suitability for employment and do hereby give permission to these persons or organizations to provide such information.

I understand that if I misrepresent or omit facts on my application that this is cause for dismissal from Integra Staff if I have been employed.

I hereby release Integra Staff and my previous employers from any and all liability for damages of whatever kind for providing information given regarding my employment history with their company.

I acknowledge that I have read and understand the statements above.

Signature _____

Date _____



Notice of Lifting Capability

Some of our positions may require you to lift over 50 lbs.

If you **are able** to lift over 50 lbs. and are required by the Client Company to do so, you must adhere to the company's lifting policies, procedures and use the recommended equipment for lifting assist. If you are unable to lift 50 lbs and over without assistance, please let us know at time of interview so that we may place you in the proper position to best utilize you capabilities.

Date: _____

Applicant signature: _____

Applicant printed name: _____



Integra Staff Employee Safety Commitment

To All Employee's

It is in the intent Integra Staff, Inc to comply with our safety and accident prevention policy. To do this we must continue to be aware of the conditions in our work area that can produce injuries.

Full cooperation and compliance of safety policies and procedures at our client company is required of every Integra Staff employee. We are counting on you to do your part by recognizing your responsibility to incorporate safety into every task, every day.

Please refer to page 7 and 8 of your Integra Staff Handbook regarding "Safety in the Workplace"

Thank you for your compliance.

The Ingra Staff Management

Signature: _____ Date: _____

Printed Name: _____



Permission to Mail Paycheck

I _____ give my permission to mail my payroll check to the following address. I understand that I am required to inform Integra Staff immediately of any address and phone number change. I understand that it will not be the responsibility of Integra Staff if my paycheck does not reach me in a timely manner. Integra Staff has no control over my check after it has been mailed. I agree that it will be my responsibility to notify Integra Staff if I have not received my paycheck. In the event that I report my paycheck as lost or stolen it is then my responsibility to pay any stop payment charges for the lost or stolen check. It is also my responsibility to return the reported lost or stolen check to integra Staff in a timely manner. If I cash the reported lost or stolen check after receiving the replacement check then Integra Staff has the authority to press legal charges against me and prosecute me to the full extent of the law.

* If check is not picked up by Friday, check will then be automatically mailed to the address presented below *

Employee Name: _____ Date: _____

Employee Address:

Staffing Assistant: _____ Date: _____