

# integritas

## APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and do not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability, or any other reason prohibited under Federal, State, or local laws.

**Please type or print. This application must be legible, fully completed, signed and dated for consideration.**

### APPLICANT CONTACT INFORMATION

Name: \_\_\_\_\_  
Last First Middle Initial

Other Names Used: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone: \_\_\_\_\_  
Home Phone Cell Phone

Email Address: \_\_\_\_\_

### QUESTIONS ABOUT APPLICANT

Position Desired: \_\_\_\_\_ Salary/Wage Desired: \_\_\_\_\_ Date Available: \_\_\_\_\_

Type of employment desired:  Full Time  Part Time  Temp/Seasonal  On-Call

What days are you available to work (check all that apply):  Sun  Mon  Tues  Wed  Thurs  Fri  Sat

What shifts are you available to work (check all that apply):  Morning  Afternoon  Evening

Are you legally eligible for employment in the United States?  Yes  No

**(Proof of U.S. citizenship or immigration status will be required upon employment)**

Are you 16 years of age or older:  Yes  No

Have you applied or worked here before?  Yes  No If yes, when? \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

### EDUCATIONAL BACKGROUND

High School Education or GED passed?  Yes  No

College/University/Trade School	City/State	Units	Degree/Diploma	Major	Date

US Military Service	Branch	Rank	Dates of Service	Type of Discharge
<input type="checkbox"/> Yes <input type="checkbox"/> No				

## EMPLOYMENT HISTORY

List all positions held, including part-time summer and/or volunteer work and periods of employment for the last ten years; do not omit any employers. Explain any gaps in employment in comment section. If you are submitting a resume, you are still required to provide the requested information in the space provided. If self-employed, provide company name and at least two business references. Attach additional sheets or continue on the back of the page, if needed.

Current Employer		Dates Employed		May We Contact?	
Employer Name:		From:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor Name:		To:		If YES, Contact Name:	
Telephone:					
Address:		<b>Starting Salary</b>		<b>Ending Salary</b>	
Job Title:	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Reason for Leaving:					
Responsibilities:					
Previous Employer		Dates Employed		May We Contact?	
Employer Name:		From:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor Name:		To:		If YES, Contact Name:	
Telephone:					
Address:		<b>Starting Salary</b>		<b>Ending Salary</b>	
Job Title:	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Reason for Leaving:					
Responsibilities:					
Previous Employer		Dates Employed		May We Contact?	
Employer Name:		From:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor Name:		To:		If YES, Contact Name:	
Telephone:					
Address:		<b>Starting Salary</b>		<b>Ending Salary</b>	
Job Title:	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Reason for Leaving:					
Responsibilities:					

## SPECIAL TRAINING AND SKILLS

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Please list any pertinent certifications and licenses with the license or certification number, date earned, and expiration date:

R.N. License	Date Earned	L/C #	Exp. Date
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P.A. License	Date Earned	L/C #	Exp. Date
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A.P.N. License	Date Earned	L/C #	Exp. Date
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ACLS	PALS	BLS/CPR	AHA
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Other: \_\_\_\_\_

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Please list languages spoken fluently, other than English: \_\_\_\_\_

Please list pertinent skills, special training, and equipment you are trained to operate: \_\_\_\_\_

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Please list any other accomplishments, awards, professional groups of which you are a member, or additional information you would like us to consider: \_\_\_\_\_

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Please note the days and times you are available for an interview:

Monday	Tuesday	Wednesday	Thursday	Friday
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Morning	Afternoon	Evening
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***I certify that my answers are true and complete to the best of my knowledge.***

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I further understand that any employment that is offered to me will be at-will and that this application does not create or imply a contract for employment.*

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Applicant Signature

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Date