



**INTEGRITY, INC.**  
 PH. (318) 861-4474  
 6301 LINWOOD AVENUE  
 P.O. BOX 3856  
 SHREVEPORT, LA 71133-3856

**Application for Employment**

*An Equal Opportunity Employer*

Qualified applicants receive consideration for employment without discrimination because of sex, marital status, race, color, creed, national origin, age or disabilities.

**NOTICE TO APPLICANTS**

Screening tests for alcohol and drug use may be required before hiring and during your employment here.

**GENERAL INFORMATION**

DRIVERS LICENSE NO. \_\_\_\_\_ DATE \_\_\_\_\_  
 SSN \_\_\_\_\_

NAME LAST FIRST MIDDLE

PRESENT STREET ADDRESS CITY STATE ZIP

PHONE NUMBER \_\_\_\_\_ ARE YOU 18 YEARS OR OLDER? \_\_\_\_\_ YES \_\_\_\_\_ NO

POSITION YOU ARE APPLYING FOR \_\_\_\_\_

DATE YOU CAN BEGIN EMPLOYMENT \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED? \_\_\_\_\_ IF SO, MAY WE CONTACT YOUR EMPLOYER? \_\_\_\_\_

IF YES, GIVE COMPANY NAME & PHONE NUMBER \_\_\_\_\_

HAVE YOU EVER APPLIED TO INTEGRITY, INC. BEFORE? \_\_\_\_\_ WHEN? \_\_\_\_\_

IF YOU ARE OFFERED EMPLOYMENT:

WOULD YOU BE WILLING TO TRAVEL OUTSIDE THE SHREVEPORT/BOSSIER AREA FOR WORK? YES / NO

WOULD YOU BE WILLING TO WORK OVERTIME AND/OR WEEKENDS IF NECESSARY? YES / NO

**EDUCATION**

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?
HIGH SCHOOL	_____	_____	YES / NO
	_____	_____	YES / NO
COLLEGE	_____	_____	YES / NO
	_____	_____	YES / NO
TRADE OR	_____	_____	
BUSINESS SCHOOL	_____	_____	YES / NO

**BACKGROUND**

ARE YOU A U.S. CITIZEN? YES / NO

WERE YOU IN THE U.S. ARMED FORCES? YES / NO

HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED OR REVOKED? YES / NO

HAVE YOU BEEN CONVICTED OF A CRIME IN THE PAST FIVE (5) YEARS? YES / NO

IF YES, PLEASE EXPLAIN \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY**

LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH THE LAST ONE FIRST

DATES	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
_____ to _____	_____	_____	_____	_____
_____ to _____	_____	_____	_____	_____
_____ to _____	_____	_____	_____	_____

**REFERENCES**

GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	PHONE NUMBER	OCCUPATION	YEARS ACQUAINTED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ALTERNATE / EMERGENCY CONTACT:

NAME	RELATIONSHIP	PHONE NUMBER
_____	_____	_____

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATIONS OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS \_\_\_\_\_

HIRED \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ POSITION \_\_\_\_\_

SALARY / HOURLY RATE \_\_\_\_\_ START DATE \_\_\_\_\_