

9701 FM 307 Midland, TX 79706 www.integrity-serv.com (432) 682-0703

# INSTRUCTION SHEET

### 1- FILL OUT THE FORM

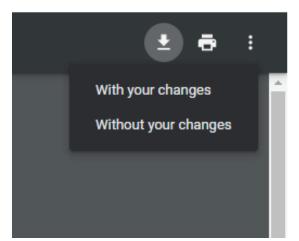
Fill out the following pages (2-5) by using the available text boxes.

#### APPLICANT INFORMATION

Full Name: John Doe	Date:	D.O.B.:	
Other Names Known As:			
Present Address:			

# 2- DOWNLOAD THE FORM

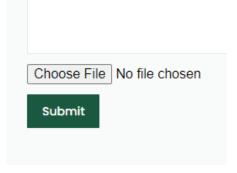
Once filled out, download the final form using the "download" icon in the top bar.



Select "with your changes" to save and download the form.

## 3- UPLOAD & SEND THE FORM

Go back to intergrity-serv.com/contact/ and use the contact form at the bottom of the page to email your employment form along with your resume and any other necessary documents. Click the "choose file" button to upload your documents. Click "submit" to send in your application.





If yes, please state reason:

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# EMPLOYMENT APPLICATION

Integrity Services, LLC, ("Integrity Services") provides equal opportunity to all qualified persons, without regard to race, color, ethnicity, religion, age, sex, national origin, marital or veteran status, disability or any other characteristic protected by law.

#### APPLICANT INFORMATION \_\_\_\_\_ Date: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Full Name: \_\_\_ Other Names Known As: \_\_\_\_\_ Present Address: \_\_\_ Mailing Address: \_\_ Less than 3 yrs at previous address: Social Security Number: \_\_\_\_ Home & Cell Phone: Are you over 18? Yes No Are you employment authorized to work in the U.S. for any employer? Yes No Have you ever been convicted of, plead guilty to, currently charged with a pending crime, or served probation for any crime (excluding minor traffic violations) including DWI? If yes, state the offense location, date and disposition Yes No NOTE: A conviction will not necessarily disqualify you from employment. Do you have any obligations or other reasons which would limit your ability to travel or work overtime? Yes No If yes, please explain: — Would you be willing to relocate? Yes No Drivers License: \_\_\_\_\_ State: \_\_\_\_ Type: \_\_\_\_ Expiration: \_\_\_\_ Driving Accidents, or traffic convictions for the past 3 years: Have you been denied a license, permit or privilege to operate a motor vehicle? Yes No Has any license, permit or privilege ever been suspended or revoked? Yes If yes, please explain: EMPLOYMENT DESIRED Which category would you prefer? Full Time Part Time Temporary Position: \_\_ \_\_\_\_ Date you can start: \_\_\_\_ \_\_\_\_\_ Salary Desired: \_\_\_\_\_ Do you have any friends/relatives working for the company? Yes No Name of the employee: \_\_\_\_\_ Have you ever applied/worked for our company before? Yes If yes, please state when and where you applied and/or worked: \_\_\_\_\_ How did you learn of our company and/or position? Are you now, or do you expect to be, engaged in any other business or employment? Yes No Are there any days or hours you would be unable or unwilling to work? Yes If yes, please specify those days or hours you would be unable or unwilling to work: \_\_\_ Are there any reasons you would be unable to perform the tasks involved in the position you are applying for? Yes No

# **EDUCATION**

of 49 CFR part 40? Yes No

Name, Address and Location	Col	urses Studied	
High School			
College			
Frade School			
Tade School			
Circle highest level of education 8 9 10	11 12	13 14	15 16
EMPLOYMENT HISTORY			
Il applicants must provide the following information on all er	mployers during the prece	eding 3 years. List com	nplete mailing addre
treet number, city, state and zip code.			
pplicants to drive a commercial motor vehicle shall also pro perated a commercial motor vehicle. Please list in order stal			employers for whom
perated a commercial motor vehicle. Please list in order stat	rung with the most recent	employer.	
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ame:			
Address:		Position Held:	
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### REFERENCES

Give three personal references, not relatives or former employers.

Name	Address	Phone

### **EMERGENCY CONTACT INFORMATION**

Give at least one emergency contact. The person you list will only be contacted in the event of a health or safety emergency in which you are personally involved.

Name	Address	Relationship	Phone

I certify that my answer to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading, or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize Integrity Services to contact any company, individual or state agency it deems appropriate to investigate my employment history, character and qualifications including my driving history and any driving citations. I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby wave my right to bring any cause of action against those individuals for defamation, invasion of privacy or any other reason because of their statements.

I agree that if I am employed, I will abide by all the rules and regulations of Integrity Services. I understand that the taking of any drugs and alcohol tests, when given pursuant to Integrity Services policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I further understand that nobody in Integrity Services is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of an owner or officer of the company. I also understand that my employment is "at-will" and may be terminated by myself or by the company at any time for any reason at all, with or without prior notice.

Date:
NOTE: This application will remain active for ninety days, after which applicants must reapply for available positions.