INTEGRITY SERVICES
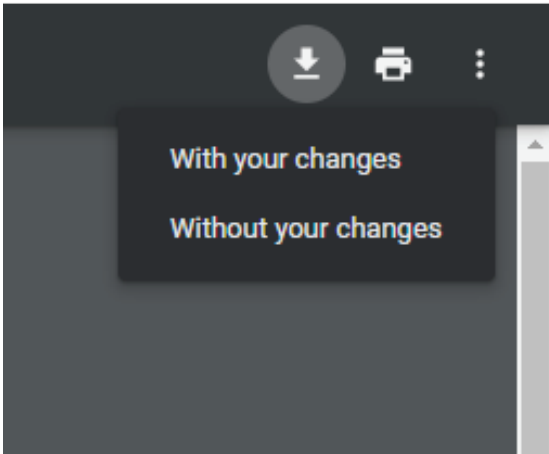
INSTRUCTION SHEET

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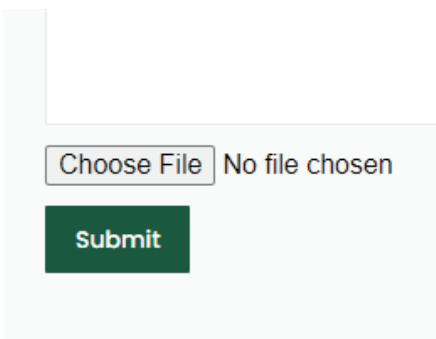
Once filled out, download the final form using the "download" icon in the top bar.

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

With your changes

Without your changes

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.

Choose File | No file chosen

Submit

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

Full Name: _____ Date: _____ D.O.B.: _____

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?   Yes   No   If yes, state the offense location, date and disposition

_____

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   No

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   No

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   No

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

If yes, please state reason: _____

EDUCATION

Name, Address and Location	Courses Studied
High School	
College	
Trade School	

Circle highest level of education	8	9	10	11	12	13	14	15	16

EMPLOYMENT HISTORY

All applicants must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle shall also provide an additional 7 years information on those employers for whom they operated a commercial motor vehicle. Please list in order starting with the most recent employer.

Employer: _____ Date: _____

Name: _____ From: _____ To: _____

Address: _____ Position Held: _____

City: _____ State: _____ Zip: _____ Salary/Wage: _____

Contact Person: _____ Phone #: _____ Reason for Leaving: _____

Were you subject to FMCSRs while employed?   Yes   No

Was your job designed as a safety-sensitive function in any dot-related mode subject to the drug and alcohol testing requirements of 49 CFR part 40?   Yes   No

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Employer: _____ Date: _____

Name: _____ From: _____ To: _____

Address: _____ Position Held: _____

City: _____ State: _____ Zip: _____ Salary/Wage: _____

Contact Person: _____ Phone #: _____ Reason for Leaving: _____

Were you subject to FMCSRs while employed?   Yes   No

Was your job designed as a safety-sensitive function in any dot-related mode subject to the drug and alcohol testing requirements of 49 CFR part 40?   Yes   No

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Employer: _____ Date: _____

Name: _____ From: _____ To: _____

Address: _____ Position Held: _____

City: _____ State: _____ Zip: _____ Salary/Wage: _____

Contact Person: _____ Phone #: _____ Reason for Leaving: _____

Were you subject to FMCSRs while employed?   Yes   No

Was your job designed as a safety-sensitive function in any dot-related mode subject to the drug and alcohol testing requirements of 49 CFR part 40?   Yes   No

Employer: _____ Date: _____

Name: _____ From: _____ To: _____

Address: _____ Position Held: _____

City: _____ State: _____ Zip: _____ Salary/Wage: _____

Contact Person: _____ Phone #: _____ Reason for Leaving: _____

Were you subject to FMCSRs while employed?   Yes   No

Was your job designed as a safety-sensitive function in any dot-related mode subject to the drug and alcohol testing requirements of 49 CFR part 40?   Yes   No

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Employer: _____ Date: _____

Name: _____ From: _____ To: _____

Address: _____ Position Held: _____

City: _____ State: _____ Zip: _____ Salary/Wage: _____

Contact Person: _____ Phone #: _____ Reason for Leaving: _____

Were you subject to FMCSRs while employed?   Yes   No

Was your job designed as a safety-sensitive function in any dot-related mode subject to the drug and alcohol testing requirements of 49 CFR part 40?   Yes   No

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Employer: _____ Date: _____

Name: _____ From: _____ To: _____

Address: _____ Position Held: _____

City: _____ State: _____ Zip: _____ Salary/Wage: _____

Contact Person: _____ Phone #: _____ Reason for Leaving: _____

Were you subject to FMCSRs while employed?   Yes   No

Was your job designed as a safety-sensitive function in any dot-related mode subject to the drug and alcohol testing requirements of 49 CFR part 40?   Yes   No

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Employer: _____ Date: _____

Name: _____ From: _____ To: _____

Address: _____ Position Held: _____

City: _____ State: _____ Zip: _____ Salary/Wage: _____

Contact Person: _____ Phone #: _____ Reason for Leaving: _____

Were you subject to FMCSRs while employed?   Yes   No

Was your job designed as a safety-sensitive function in any dot-related mode subject to the drug and alcohol testing requirements of 49 CFR part 40?   Yes   No

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Employer: _____ Date: _____

Name: _____ From: _____ To: _____

Address: _____ Position Held: _____

City: _____ State: _____ Zip: _____ Salary/Wage: _____

Contact Person: _____ Phone #: _____ Reason for Leaving: _____

Were you subject to FMCSRs while employed?   Yes   No

Was your job designed as a safety-sensitive function in any dot-related mode subject to the drug and alcohol testing requirements of 49 CFR part 40?   Yes   No

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.

Signature: _____ Date: _____

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