Integra Healthcare Equipment Application Form

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| It is the policy of this company to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, physical or mental handicap or veteran status. | |  | | | | | |  | |
| APPLICATION FOR EMPLOYMENT | | | | | | | | | |
| APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS | | | | | | | | | |
|  | | | | | | | | | |
| PLEASE PRINT | | | | | | | DATE | | |
| Name | | | | | | | | | |
| Last First Middle Maiden | | | | | | | | | |
| Current address | | | | | | | | | |
| Number Street City State Zip | | | | | | | | | |
| How long | | | | Social Security No. \_\_\_\_\_\_\_ – \_\_\_\_\_ – \_\_\_\_\_\_\_\_\_ | | | | | |
| Telephone ( ) | | | | | | | | | |
| Permanent address (if different from above \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Position applied for (1)  and Salary desired (2)  (Be specific) | | | | | Days/hours available to work  No Pref Thur  Mon Fri  Tue Sat  Wed Sun | | | | |
| How many hours can you work weekly? Can you work weekends? | | | | | | | | | |
| Employment desired ❑FULL-TIME ONLY ❑PART-TIME ONLY ❑FULL- OR PART-TIME | | | | | | | | | |
| When available for work? Are you willing to travel for the job? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
|  | | | | | | | | | |
| TYPE OF SCHOOL | NAME OF SCHOOL | | LOCATION (Complete mailing address) | | | NUMBER OF YEARS COMPLETED | | | MAJOR & DEGREE |
| High School |  | |  | | |  | | |  |
|  |  | |  | | |  | | |  |
| College |  | |  | | |  | | |  |
|  |  | |  | | |  | | |  |
| Bus. or Trade School |  | |  | | |  | | |  |
|  |  | |  | | |  | | |  |
| Professional School |  | |  | | |  | | |  |
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|  | | | | | | | | | |
| I am an U.S. citizen or otherwise authorized to work in the United States on an unrestricted basis:  ❑ Yes ❑ No If applicable, please list your visa type, visa #, and expiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  HAVE YOU EVER BEEN CONVICTED OF A CRIME? ❑ Yes ❑ No | | | | | | | | | |
| If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. | | | | | | | | | |
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| PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE |  | | | | |  |
| APPLICATION FOR EMPLOYMENT | | | | | | |
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| DO YOU HAVE A DRIVER’S LICENSE? ❑ Yes ❑ No | | | | | | |
| What is your means of transportation to work? | | | | | | |
| Driver’s license  number State of issue \_\_\_\_\_\_\_ ❑ Operator ❑ Commercial (CDL) ❑Chauffeur | | | | | | |
| Expiration date | | | | | | |
| Have you had any accidents during the past three years? | | | | | How many? | |
| Have you had any moving violations during the past three years? | | | | | How Many? | |
|  | | SKILLS | |  | | |
|  | | | | | | |
| ❑ Yes ❑ Yes Word ❑ Yes  Typing ❑ No \_\_\_\_\_ WPM 10-key ❑ No Processing ❑ No \_\_\_\_\_ WPM | | | | | | |
| Personal ❑ Yes PC ❑  Computer ❑ No Mac ❑ | | | Languages Spoken  Other Skills | | | |
|  | | | | | | |
| Please list two references other than relatives or previous employers. | | | | | | |
| Name | | | Name | | | |
| Position | | | Position | | | |
| Company | | | Company | | | |
| Address | | | Address | | | |
|  | | |  | | | |
| Telephone ( ) | | | Telephone ( ) | | | |
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| An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. | | | | | | |
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| PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE | |  | | | | | |  | |
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|  | | | MILITARY | |  | | | | |
|  | | | | | | | | | |
| HAVE YOU EVER BEEN IN THE ARMED FORCES? ❑ Yes ❑ No | | | | | | | | | |
| ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? ❑ Yes ❑ No | | | | | | | | | |
| Specialty Date Entered Discharge Date | | | | | | | | | |
|  | | | | | | | | | |
| Work Experience | Please list your work experience beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary. | | | | | | | | |
|  | | | | | | |  | | |
| Name of employer  Address | | | | Name of last supervisor | | Employment dates | | | Pay or salary |
| City, State, Zip Code Phone number | | | |  | | From  To | | | Start  Final |
|  | | | | Your last job title | | | | | |
| Reason for leaving (be specific) | | | | | | | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | | | | | | | |
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| Name of employer  Address | | | | Name of last supervisor | | Employment dates | | | Pay or salary |
| City, State, Zip Code Phone number | | | |  | | From  To | | | Start  Final |
|  | | | | Your Last Job Title | | | | | |
| Reason for leaving (be specific) | | | | | | | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | | | | | | | |
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| PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE | |  | | | |  | |
| APPLICATION FOR EMPLOYMENT | | | | | | | |
| Work experience | Please list your work experience beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary. | | | | | | |
|  | | | | |  | | |
| Name of employer  Address | | | Name of last supervisor | Employment dates | | | Pay or salary |
| City, State, Zip Code Phone number | | |  | From  To | | | Start  Final |
|  | | | Your last job title | | | | |
| Reason for leaving (be specific) | | | | | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | | | | | |
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|  | | | | | | | |
| Name of employer  Address | | | Name of last supervisor | Employment dates | | | Pay or salary |
| City, State, Zip Code Phone number | | |  | From  To | | | Start  Final |
|  | | | Your last job title | | | | |
| Reason for leaving (be specific) | | | | | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | | | | | |
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| May we contact your present employer? ❑ Yes ❑ No | | | | | | | |
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| How did you hear about this job? | | | | | | | |

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| PLEASE READ CAREFULLY |
| APPLICATION FORM WAIVER |
| In exchange for the consideration of my job application by Integra Healthcare Equipment, (hereinafter called “the Company”), I agree that:  Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Integra Healthcare Equipment, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Integra Healthcare Equipment may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits. |
| I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract. |
| I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations. |
| I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act. |
| I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party. |
| Signature of applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications. |
| Thank you for completing this application form and for your interest in our business. |