

APPLICATION FOR EMPLOYMENT



700 W Loop 340

Waco, TX 76712

254.751.1012

Integ is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

PERSONAL:

Name _____ Date _____
Last First Middle

Address _____

Phone Number _____

Position Sought _____ ___ Full Time ___ Part Time

Date Available _____ Salary Desired _____

Are you over 18 years old? ___ Yes ___ No

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

(If offered employment, you will be required to provide documentation to verify eligibility.)

EDUCATION: Please indicate education or training which you believe qualifies you for the position you are seeking.

High School: Number of years completed (circle one) 1 2 3 4

Diploma: ___ Yes ___ No

G.E.D.: ___ Yes ___ No

School(s) _____ City/State _____

College and/or Vocational School:

Number of Years Completed (circle one) 1 2 3 4

School(s) _____ City/State _____

Major _____ Degrees Earned _____

Other Training or Degrees:

School(s) _____ City/State _____

Course _____ Degree or Certificate Earned _____

PROFESSIONAL LICENSE OR MEMBERSHIP:

Type of License(s) Held _____

Other Professional Memberships _____

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

This application for employment is good for 30 days only.
Consideration for employment after 30 days requires a new application.

Have you ever been employed in any facility of Integ? __ Yes __ No

If so, please state facility name and location and dates of employment

EMPLOYMENT: List last employer first, including U.S. Military Service.

May we contact your present employer? ___ Yes ___ No

If any employment was under a different name, indicate name _____

Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Salary _____ Supervisor _____ Department _____

Duties _____ FT ___ PT ___ No. of Hrs. ___

Reason for Leaving _____

Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Salary _____ Supervisor _____ Department _____

Duties _____ FT ___ PT ___ No. of Hrs. ___

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Salary _____ Supervisor _____ Department _____

Duties _____ FT ___ PT ___ No. of Hrs. ___

Reason for Leaving _____

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Explain any gaps in work history: _____

Have you ever been discharged or asked to resign from a job? ___Yes ___No

If yes, explain: _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize [Company] to verify their accuracy and to obtain reference information on my work performance. I hereby release [Company] from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant _____ Date: _____



CONSUMER AUTHORIZATION

I understand that an investigative report may be generated on me that may include information as to my personal character, general reputation, personal characteristics, or mode of living; work habits, performance or experience, along with reasons for termination of past employment/professional license or credentials; financial/credit history; or criminal/civil/driving record history. I understand that General Information Services, Inc. (GIS), on behalf of **Anderton Group / Integ** may be requesting information from public and private sources about any of the information noted earlier in this paragraph in connection with **Anderton Group/Integ's** consideration of me for employment, promotion or position re-assignment or contract now, or at any time during my tenure with **Anderton Group / Integ**, and give my full consent for this information to be obtained.

IF APPLICABLE, medical and worker's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws.

According to the **Fair Credit Reporting Act** (FCRA, Public Law 91-508, Title VI), I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer reporting agency. If so, I will be notified and be given the name of the agency providing that report.

I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies.

I understand that if I am a resident of **Minnesota/Oklahoma (only)** I may obtain a copy of the report ordered, and now indicate my desire to do so by checking this box o.

I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer or insurance company contacted by GIS to furnish the information described in Section I.

Upon proper identification, you have the right to make a request to GIS, within a reasonable period of time, as to the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that GIS has previously furnished. Communications with GIS should be directed to PO Box 353, Chapin SC 29036 or (866) 265-4917.

CANDIDATE COMPLETES THE FOLLOWING:

Signature

Today's Date

Please print full name

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Month, Day and Year of Birth

Social Security Number

Home Address

City

State

Zip

Driver's License Number and State

Name as it appears on License

Have you ever been convicted of a crime? No Yes If yes, please provide city and state of conviction and details.

IR CREDIT REPORTING ACT NOTICE:

In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Status of updates are available on request. Although every effort has been made to assure accuracy, General Information Services, Inc. cannot act as guarantor of

Information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. General Information Services, Inc.'s policy requires purchasers of these

Reports to have signed a Service Agreement. This assures General Information Services, Inc. that users are familiar with and will abide by their obligations, as stated in the **FCRA**, to the individuals named in these reports. If information contained in this report is responsible for the suspension or termination of an employee or the application process, have the Candidate/employee contact General Information Services, Inc.

NOTICE TO CALIFORNIA CANDIDATES

You have a right to obtain a copy of any consumer report or investigative consumer report obtained by (INSERT COMPANY NAME) by checking the box provided below. The report will be provided to you within three (3) business days after we receive the requested reports related to the matter investigated.

I request to receive a free copy of this report by checking this box.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by GIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at GIS in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

ONLY FILL OUT IF APPLYING FOR DRIVER POSITION

**Authorization for Anderton Group II, Ltd DBA Integ to Request
My Driver's License and Driver's Record Report**

**DICLOSURE OF REQUEST FOR DRIVER'S LISCENSE AND DRIVER'S
RECORD AND [MY AUTHORIZATION ALLOWING Anderton Group II, Ltd. TO
OBTAIN A DRIVER'S LICENSE AND RECORD REPORT (CONSUMER
REPORT)] ABOUT ME.**

1. I understand that ANDERTON GROUP II, LTD. DBA INTEG desires to obtain a copy of my Driver's License and Driver's record and that this report may be considered a Consumer Report about me.
2. I understand that ANDERTON GROUP II, LTD. DBA INTEG desires to obtain this report in connection with my application for employment with ANDERTON GROUP II, LTD. DBA INTEG and for the consideration of **Higginbotham & Associates Insurance Company** and insurance companies connected with them in connection with insurance provided to ANDERTON GROUP II, LTD. DBA INTEG.
3. I authorize ANDERTON GROUP II, LTD. DBA INTEG to obtain a Driver's License and Driver's Record Report (Consumer Report) about me.
4. I agree that any consumer reporting agency may provide such a report about me to ANDERTON GROUP II, LTD. DBA INTEG and to **Higginbotham & Associates Insurance Company** and insurance companies connected with them.
5. "A Summary of your Rights Under the Fair Credit Report Act" is attached hereto and has been provided to me.

Employment with ANDERTON GROUP II, LTD. DBA INTEG is contingent upon successful eligibility of current driving record. If insurance carrier does not approve acceptance, employment will be reevaluated at that time. If no other position is available, employment may be subject for termination.

Agreed to and accepted by:

Applicant Signature

Applicant Name

DL Number

Today's Date

DOB