

Previous Training Completed:

How many days of work have you missed in the last year? _____ Please explain: _____

Shift Preference and Availability:

Are you available to work (please circle all that apply):

1st shift - 8am-5pm Days available to work: Mon Tue Wed Thur Fri Sat Sun

2nd shift - 12pm-10pm Are you available to work overtime/after hours, as needed? Yes or No

3rd Shift – 10pm-8am Are you willing to be on-call, as needed? Yes or No

We are required by the Immigration and Nationality Law, as amended, to employ only persons authorized to work in the United States.

Are you **currently** authorized to work **permanently*** in the United States? ___Yes ___ No

Please circle the category below which best describes your authorized status:

*Person authorized to work permanently in the United States are individuals within one of the following seven categories: (1) U.S. Citizens, (2) U.S. Nationals, (3) Permanent Residents, (4) Temporary Residents, (5) Refugees, (6) Applicants for Temporary Residence, (7) Asylees.

Work Experience

Beginning with your most recent employer, list all permanent, cooperative, summer and voluntary work. **Please complete all sections as thoroughly as possible.** When employed as a temporary or contractor, please list the temporary agency or contract firm as your employer.

Name of Company:	Employed From:	Last Salary:
Address :	Employed To:	Job Title:
Phone Number:	Supervisor's Name:	Type of Work Performed:

Reason for Leaving:

Name of Company:	Employed From:	Last Salary:
Address :	Employed To:	Job Title:
Phone Number:	Supervisor's Name:	Type of Work Performed:

Reason for Leaving:

Name of Company:	Employed From:	Last Salary:
Address :	Employed To:	Job Title:
Phone Number:	Supervisor's Name:	Type of Work Performed:

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 Phone Number: Supervisor's Name: Type of Work Performed:
 Reason for Leaving:

Name of Company: Employed From: Last Salary:
 Address : Employed To: Job Title:
 Phone Number: Supervisor's Name: Type of Work Performed:
 Reason for Leaving:

References

Give the names of three professional/personal references, not related to you, whom you have known for at least one year.

Name	Address	Phone	Occupation

By Signing This Application, You Indicate That You Understand And Agree To the Following:

1. All personally identifiable applicant information provided by you will be properly safeguarded, and the use of such information will be limited to valid business, regulatory or legal requirements.
2. Any employment offer is conditional until, and your continued employment dependent upon, certain required information being satisfactorily reviewed and verified (i.e., pre-placement drug screening results; reference and conviction checks; school transcripts; and if applicable, employment eligibility verification)
3. You must execute Integra Technologies employee agreement regarding intellectual property, if required. This agreement provides for the protection of Integra Technologies proprietary information, and the assignments of certain rights in intellectual property created by the employee in the course of employment.
4. This application is not an employment contract and should not be construed or interpreted as creating an implied or expressed contract of employment between the Company and its employees. The employment relationship is by mutual consent (employment-at-will) and employees have the right at any time to terminate employment for any reason. The Company reserves the right to terminate employees on the same basis.
5. Integra Technologies may conduct an investigation to verify information provided on this application, or during an interview, including verification of prior employment history and education. By signing this application, you indicate your awareness that false statements made by you or your failure to disclose information may be sufficient to disqualify you for employment, or if employed, may result in your dismissal.

Applicant's Signature _____

Date _____