

NOTICE TO APPLICANTS

Interviews will be scheduled after completed application and reference forms have been returned to the office. Reference forms should be faxed or mailed by the person completing the form.

Instructions for employment application

You may mail your completed application or drop it by the office. Requirements for the various departments include:

Personal Care- In-home care for children and adults.

1. If you have a CNA license attach a copy to your completed application.

Alternate Living (with Adults) – Twenty-four hour care in employees home.

1. Two personal references.

If hired, you will need:

2. A completed central registry, criminal records, & motor vehicle check from all members of your household over 14 years of age.
3. FBI background check if not a resident of the state for the past five years.

Foster Parent- Foster Parent application will be given at a mandatory one hour informational meeting..

Day Habilitation with Children and Adults- Instruction to help client with Independent Living Skills.

1. Two employment references.
2. State Police background & motor vehicle check are required if hired.
3. An FBI check, if not a resident of the state for the past five years, is required if hired.

Day Care- Instruction to help children overcome developmental delays.

1. Two employment references.
2. Two personal references.
3. Bring a copy of your high school diploma to the interview.
4. In the event you are hired, you must complete the following forms:
State criminal records check, central registry check, and FBI check if you have been in the state for less than five years.

All Applicants

After hire, all employees will be required to complete training for a minimum of 12 hours for Developmental Disabilities programs, 32 hours for foster parents, and 40 hours to obtain personal care certification. In addition, there will be on-going training updates required for all employees.

Auto insurance, driver's license, and T.B. skin tests must be brought to the office prior to your first day of employment. Driver's license, auto insurance, and T.B. skin tests must be kept current at all times. Integrity will administer T.B. skin tests Monday, Tuesday, Wednesday and Friday. Please call to schedule.

Applications with incomplete information will be held for a 90 day period. Interview does not imply or guarantee employment. (rev. 1/07)

INTEGRITY, INC.

Last Name	First Name	Middle Name		
Address	City	County	State	Zip Code
Home Phone Number	Work Phone Number	Emergency Phone Number		
E-mail Address				

Check title(s) of position(s) for which you applying.

Day Habilitation
 Foster Parent
 Day Care
 Alternate Living
 Personal Care
 Other _____

PLEASE READ THIS

Applicants are accepted without regard to sex, race, color, national origin, physical/mental handicap, age, religion, or political affiliation. Conviction of a crime does not automatically bar any applicant from employment or other opportunities with Integrity, Inc.

***PLEASE ANSWER ALL QUESTIONS WHICH APPLY TO YOU. IF THEY DO NOT APPLY, MARK THEM N/A.**

EDUCATION / RECORD

DID YOU GRADUATE FROM HIGH SCHOOL? _____ IF NOT, DO YOU HAVE A GED? _____

CIRCLE THE HIGHEST GRADE OFFICIALLY COMPLETED. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

List below all schools, colleges, universities, trade/vocational, or others attended.

Name of School	Dates Attended	Degree Awarded	Major / Minor	Hours	Graduation Date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List or check any skills relative to the job for which you are applying.

Computer skills _____ Foreign Language(s) _____
 Braille _____ Sign Language _____ Touch Talker _____ Multi-line Phone System _____

Will you accept employment for six (6) months or less? _____ Date available for employment: _____

May we contact your former employers? Yes _____ No _____

Do you hold a professional license? Yes _____ No _____ If yes, please list: _____

MILITARY HISTORY RECORD

Service Branch _____ Date Entered _____ Date Discharged _____

Type of Discharge _____ Discharge Rank _____

List below your prior work experience. If there is not enough space provided use a separate sheet to continue. Include volunteer work as part of your work history.

Employer:	Supervisor:	Location:	Type of Business:	Number of hours worked per week?
Name under which employed?	Your job title:	Employment Dates: From: To:	Salary Lowest: Highest: \$ \$	

Your Job Duties: _____

Reason for Leaving: _____

Employer:	Supervisor:	Location:	Type of Business:	Number of hours worked per week?
Name under which employed?	Your job title:	Employment Dates: From: To:	Salary Lowest: Highest: \$ \$	

Your Job Duties: _____

Reason for Leaving: _____

Employer:	Supervisor:	Location:	Type of Business:	Number of hours worked per week?
Name under which employed?	Your job title:	Employment Dates: From: To:	Salary Lowest: Highest: \$ \$	

Your Job Duties: _____

Reason for Leaving: _____

Employer:	Supervisor:	Location:	Type of Business:	Number of hours worked per week?
Name under which employed?	Your job title:	Employment Dates: From: To:	Salary Lowest: Highest: \$ \$	

Your Job Duties: _____

Reason for Leaving: _____

Employer:	Supervisor:	Location:	Type of Business:	Number of hours worked per week?
Name under which employed?	Your job title:	Employment Dates: From: To:	Salary Lowest: Highest: \$ \$	

Your Job Duties: _____

Reason for Leaving: _____

PLEASE LIST THREE (3) PROFESSIONAL PERSONS WHO HAVE KNOWLEDGE OF YOUR WORK QUALIFICATIONS.
PLEASE DO NOT LIST RELATIVES.

NAME	ADDRESS	PHONE NUMBER
------	---------	--------------

Do you have any relatives who are employed by Integrity, Inc. If so, please list them below:

NAME	RELATIONSHIP
------	--------------

Check the applicable statement:

A. _____ I am a citizen of the United States of America.

_____ I am not a citizen but have a current work permit, number _____, or a copy of your resident alien card, approved by the U.S. Immigration and Naturalization Service that expires on _____. I am prepared to provide documentation at any time.

BEFORE YOU SIGN THIS APPLICATION, CHECK OVER YOUR ANSWERS TO MAKE SURE THAT ALL THE QUESTIONS HAVE BEEN COMPLETED PROPERLY. IF THE POSITION YOU ARE APPLYING FOR REQUIRES A COLLEGE DEGREE OF CERTIFICATION, PLEASE ATTACH A COPY OF YOUR DEGREE/DIPLOMA, CERTIFICATE, OR LICENSE TO VERIFY YOUR STATUS.

I UNDERSTAND THAT ANY MISSTATEMENT BY ME IN THIS APPLICATION MAY RESULT IN DISCHARGE IF I HAVE BEEN EMPLOYED; THAT IF HIRED, MY EMPLOYMENT IS AT WILL AND MAY BE TERMINATED WITHOUT CAUSE; THAT ANY OFFER OF EMPLOYMENT MAY BE DONE SO CONDITIONALLY SUBJECT TO CLEARANCE OF A CRIMINAL BACKGROUND INVESTIGATION, CHILD AND ADULT MALTREATMENT REGISTRY CHECK, AND MOTOR VEHICLE REGISTRY CHECK; THAT I MAY BE REQUIRED TO SUBMIT TO, AND SUCCESSFULLY PASS A DRUG SCREENING AFTER AN OFFER OF EMPLOYMENT HAS BEEN MADE; AND THAT INTEGRITY, INC. RESERVES THE RIGHT TO CHANGE MY WORK SCHEDULE AS NECESSARY, IF IN THE BEST INTEREST OF INTEGRITY, INC.

Signature of Applicant

Date

If you wish, you may make comments concerning your qualifications for the position(s) for which you are applying or explain your response to any questions you completed on this application. These comments may include details concerning your past work, reasons for leaving former employment, and other information which may be helpful in evaluating your application for employment.

THIS APPLICATION SHOULD BE RETURNED TO THE ADDRESS SHOWN BELOW:

INTEGRITY, INC.
6124 Northmoor Dr.
LITTLE ROCK, AR 72204

Integrity, Inc.
6124 Northmoor Dr.
Little Rock, AR 72204
Telephone: (501) 614-7200
FAX: (501) 614-7254

REFERENCE AUTHORIZATION

As evidenced by my signature below I voluntarily authorize Integrity representatives to make any inquiry of my employment history through any means of Integrity's choice. I further authorize any person including former employers to furnish any information to Integrity as may be requested and hold harmless any entity for such action. Integrity is authorized to make copies of any documentation or record and the employment decision of Integrity may be based upon any such information.

I make this Reference Authorization of my own free will without the promise or expectation of employment, immunity, threat, coercion, duress, or benefit.

Signature Date

REFERENCE CHECK-----MUST BE COMPLETED BY SUPERVISOR/EMPLOYER

Applicants Name _____ Social Security # _____

Company/Agency providing reference _____
Address of Business _____
Telephone # _____

Applicant employed from _____ to _____. Applicant's major responsibilities on the job _____

Description of job performance _____

Applicant's greatest strengths _____

Applicant's greatest weakness _____

Type of supervision required for applicant to achieve best results _____

How does applicant interact with people on the job? _____

Why did applicant leave your employ? _____

Who initiated the severance and why? _____

Would you rehire applicant? _____ Why? _____

Person completing reference information _____
Were you the supervisor or employer of applicant _____.

Integrity employee requesting information: _____
Name Date

Integrity, Inc.
6124 Northmoor Dr.
Little Rock, AR 72204
Telephone: (501) 614-7200
FAX: (501) 614-7254

REFERENCE AUTHORIZATION

As evidenced by my signature below I voluntarily authorize Integrity representatives to make any inquiry of my employment history through any means of Integrity's choice. I further authorize any person including former employers to furnish any information to Integrity as may be requested and hold harmless any entity for such action. Integrity is authorized to make copies of any documentation or record and the employment decision of Integrity may be based upon any such information.

I make this Reference Authorization of my own free will without the promise or expectation of employment, immunity, threat, coercion, duress, or benefit.

Signature Date

REFERENCE CHECK-----MUST BE COMPLETED BY SUPERVISOR/EMPLOYER

Applicants Name _____ Social Security # _____

Company/Agency providing reference _____
Address of Business _____
Telephone # _____

Applicant employed from _____ to _____. Applicant's major responsibilities on the job _____

Description of job performance _____

Applicant's greatest strengths _____

Applicant's greatest weakness _____

Type of supervision required for applicant to achieve best results _____

How does applicant interact with people on the job? _____

Why did applicant leave your employ? _____

Who initiated the severance and why? _____

Would you rehire applicant? _____ Why? _____

Person completing reference information _____
Were you the supervisor or employer of applicant _____.

Integrity employee requesting information: _____
Name Date



Pre-Employment Consent

After an offer of employment has been made and prior to attending orientation, I understand that I am required to submit and successfully pass a drug screening. I understand that complete background checks will be conducted, including Child and Adult Maltreatment Registry checks and a State Criminal check. I understand that I will be disqualified from work for ONE CALENDAR year if my drug screen is positive. I also understand that criminal background hits may result in disqualification from employment.

Applicant Signature

Date

Witness

Date