



## **NOTICE TO APPLICANTS**

You may mail your completed application or drop it by the office. Reference forms must be signed by the applicant giving authorization for the reference. Reference forms must be completed by previous Supervisor/Employer and should be faxed or mailed by the person completing the form. Letters of recommendation will also be accepted. Reference forms filled out by a family member will not be accepted. Your completed application will be reviewed and if your availability matches our vacancies an interview will be scheduled.

### **Requirements for all departments:**

- Two employment references
- A copy of HS Diploma/GED or high level of education
- State Police background checks
- Adult and Child Maltreatment backgrounds
- Drug Screen
- 5-year proof of residency is required, if not a resident of the state of Arkansas, and FBI check will be conducted
- Photo ID & Social Security Card
- An Individual employee specific email address is required
- Minimal computer skills are required
- Smart phone and or electronic device with location services is required

**Supportive Living with Children and Adults** – Working one on one with client instructing and increasing Independent Living Skills and Community Integration skills.

- Proof of Auto Insurance if transporting

**Personal Care** – In-home care for children and adults

- CNA license and or Personal Care Certificate – please attach with application
- EVV Registration – Letter & EVV Number – please attach with application

**Alternate Living (with Adults)** – Twenty-four-hour care in employee’s home.

- Host Home Application
- Completed background checks from all members of your household 18 year of age and older

**Day Care** – Instruction to help children overcome developmental delays.

- DCCECE Background Checks

**Adult Development** - structured learning activities and hands-on development, participants practice skills to prepare for real-life social interactions, academic situations, and other circumstances expected through the adult development and aging process.

### **All Applicants**

After hire, all employees will be required to complete New Employee Training that is web-based. In addition, there will be on-going training updates required for all employees. If you accept a position with the agency and do not work or repeatedly refuse assignments, the agency reserves the right to terminate employment.

**Applications with incomplete information will be held for a 90-day period. To check on the status of your application please contact Wanda Reed (501-918-9902) or Roze Sharp (501-918-0453).**

**Interview does not imply or guarantee employment.**

**“An Employment Agency”**

**DRUG FREE  
WORKPLACE**

**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 are applying. (See job announcement)

\_\_\_ Supportive Living    \_\_\_ Day Care    \_\_\_ Adult Development  
\_\_\_ 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: \_\_\_\_\_

Do you have an Electronic Visit Verification Number (EVV)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list number: \_\_\_\_\_

**MILITARY HISTORY RECORD**

Service Branch \_\_\_\_\_ Date Entered \_\_\_\_\_ Date Discharged \_\_\_\_\_

Type of Discharge \_\_\_\_\_ Discharge Rank \_\_\_\_\_

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**PLEASE LIST THREE (3) PROFESSIONAL PERSONS OR OTHERS WHO HAVE KNOWLEDGE OF YOUR WORK QUALIFICATIONS AND OR WORK SKILLS.  
PLEASE DO NOT LIST RELATIVES AS THOSE WILL NOT BE ACCEPTED.**

NAME	EMAIL ADDRESS	PHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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

NAME	RELATIONSHIP
_____	_____
_____	_____

**List below 3 previous 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: \_\_\_\_\_

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**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. I VOLUNTARILY AUTHORIZE INTEGRITY REPRESENTATIVES TO MAKE ANY INQUIREY OF MY EMPLOYMENT HISTORY THROUGH ANY MEANS OF INTEGRITY'S CHOICE.

\_\_\_\_\_  
**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.

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**THIS APPLICATION SHOULD BE RETURNED TO THE ADDRESS SHOWN BELOW:**

INTEGRITY, INC.  
6124 Northmoor Dr.  
Little Rock, AR 72204



**“An Employment Agency”**

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The purpose of this addendum is to assist Integrity, Inc. Personnel Office in processing / considering your application in compliance with your wishes and Departmental policies. This section must be completed and forwarded with your application.

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1. Specify the hours and days of the week you are willing to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

2. Will you work overnight in another's home? Yes or No (circle one)

3. Do you have reliable transportation? Yes or No (circle one)

An Arkansas driver's license and insured vehicle are required

4. How far will you travel from your home? \_\_\_\_\_

5. Do you understand holidays may be required? Yes or No (circle one)

6. Do you have a smartphone and or access to tablet or computer? Yes or No (circle one)

7. How comfortable are you with technology-based training?

\_\_\_ Completely Comfortable \_\_\_ Somewhat Comfortable \_\_\_ No Experience, Need Assistance

**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**

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