



APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. All information given will be available only to the persons who have a "need to know" or as required by law. This company will make reasonable accommodation in the application process, if needed. This application is current only for 30 days, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application.

As you complete the application for employment, give special attention to experience relative to the job for which you are applying. Be specific and thorough and **please print legibly**. Include all relevant temporary, part-time or voluntary work. Attach additional sheets if needed to provide detailed explanations. This application form may also be available via e-mail.

Integra Information Technologies, Inc., P.O. Box 8304, Boise, ID 83707-2304

Phone (208) 336-2720 * Fax (208) 336-2722 * e-mail: hr@integraECM.com

Position Applied For: _____		
Name: _____		
Last	First	Middle
Present Address: _____		
Street		

City	State	Zip
Home Phone: _____ Work Phone: _____ Cell Phone: _____		
E-mail Address (optional): _____ SSN # (optional): _____		
Message Contact: _____		
Name		
Phone		
1. Are you willing to work: _____ Full-Time _____ Part-Time _____ Temporary		
2. Acceptable Salary: \$ _____ per _____		
3. When can you report for work? _____		
4. Are you currently employed by Integra Information Technologies, Inc.? _____ Yes _____ No		
5. Have you previously been employed by Integra Information Technologies, Inc.? _____ Yes _____ No		
If Yes, when? _____ What was your position? _____		

6. Have you previously been employed under another name? _____ Yes _____ No

If Yes, what name? _____

7. Are you able to lift or move objects weighing 30 pounds or more, with or without an accommodation?

_____ Yes _____ No

8. Are you authorized to work in the United States? Yes _____ No _____

9. Have you ever been convicted of a criminal offense? Yes _____ No _____

(A conviction will not necessarily disqualify an applicant.)

If yes, please explain:

10. For a driving job only: Do you have a valid driver's license? Yes _____ No _____

License number _____ State issued: _____

EDUCATION

Do you have a high school diploma or equivalent (GED)? _____ Yes _____ No

Check the highest grade completed, not including college: 1 2 3 4 5 6 7 8 9 10 11 12

Special Training or Education beyond High School

Name of School/Location	Major Course of Study	Type of Degree Received/Date

EMPLOYMENT HISTORY

In the spaces below, please list the specific duties and responsibilities included in your work experience, beginning with your present or most recent employment. Employment verification may be made regarding all of your past experience. Please note if you do not want your present employer or any other employer contacted and provide a brief reason.

Employer Name:	Telephone:
Address:	Dates of Employment: Mo/Year to Mo/Year
Name of Supervisor:	Starting Salary: \$
Job Title, Duties and Responsibilities (Be Specific):	Ending Salary: \$
	Reason for Leaving:

Employer Name:	Telephone:
Address:	Dates of Employment: Mo/Year to Mo/Year
Name of Supervisor:	Starting Salary: \$
Job Title, Duties and Responsibilities (Be Specific):	Ending Salary: \$
	Reason for Leaving:
Employer Name:	Telephone:
Address:	Dates of Employment: Mo/Year to Mo/Year
Name of Supervisor:	Starting Salary: \$
Job Title, Duties and Responsibilities (Be Specific):	Ending Salary: \$
	Reason for Leaving:
Employer Name:	Telephone:
Address:	Dates of Employment: Mo/Year to Mo/Year
Name of Supervisor:	Starting Salary: \$
Job Title, Duties and Responsibilities (Be Specific):	Ending Salary: \$
	Reason for Leaving:

Please explain any gaps in your work history:

Please list any experience and/or skills that you feel would especially qualify you for this position, including professional registrations, software certifications or other occupational certificates:

Please list any applicable membership in technical/professional associations (exclude those which may disclose your race, color, religion or national origin):

List any job-related seminars attended or training received which you feel especially qualify you for this position (excluding formal education):

Do you speak any languages other than English (please list):

REFERENCES

(Include individuals who are qualified to evaluate your capabilities. Do not include relatives).

Name	Address	City	State/Zip	Phone

SIGNATURE OF APPLICANT

The facts set forth in this application and other materials that I have submitted for employment are true and complete. I understand that if employed, false statements or material omissions contained in my application papers, including facts not required by the application but which could affect employability and/or job performance, or failure to show evidence of my identity and legal authority to work in the U.S. will be considered sufficient cause for dismissal at any time. Integra Information Technologies has my permission to contact my previous employers, review my personnel files and/or conduct whatever background or credit checks are necessary to determine my fitness for work. I also understand that acceptance of an offer of employment does not create a contractual obligation upon Integra Info Tech to continue to employ me in the future. I understand that employment with Integra is on an at-will basis, which means that the employment relationship may be terminated by either myself or Integra at any time, with or without notice and for any reason not expressly prohibited by law.

_____ Date

_____ Signature of Applicant

Integra Information Technologies, Inc.

Equal Employment Opportunity

Voluntary Race/Ethnicity/Gender Identification Form

Integra Information Technologies, Inc. is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Integra Information Technologies, Inc. invites applicants to voluntarily self-identify their gender, race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment in the hiring process. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Definitions:

Ethnicity

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Race

White: A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African-American: A person having origins in any of the Black racial groups of Africa.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Two or More Races: All persons who identify with more than one of the above five races.

Name (Optional): _____

Job Title: _____

Date: _____

SEX (Check One):

Male Female I choose not to respond

ETHNICITY (Check One):

Hispanic
 Not Hispanic
 I choose not to respond

RACE (Check One):

White
 Black or African American
 Asian
 Native Hawaiian or Pacific Islander
 American Indian or Alaskan Native
 Two or More Races ***If you have selected this option please also list the one race above with which you most strongly identify : _____
 I choose not to respond

VETERAN STATUS

VIETNAM ERA VETERAN – A person who has served more than 180 days of active duty from August 5, 1964 to May 7, 1975.

[] **DISABLED VETERAN** – A person entitled to disability compensation by the Veteran's Administration for disability at 30% or more, whose discharge was for a disability incurred in the line of duty.

DISABLED STATUS

[] If you have a physical or mental disability, you must qualify as a disabled person as defined by federal law (e.g., Americans with Disabilities Act).

ADVERTISING TRACKING INFORMATION

We are interested in how you heard about this job opportunity. Please indicate below the resources you used. This information is not part of any application evaluation procedure for this application.

- | | | |
|--|--|---|
| <input type="checkbox"/> Newspaper
Name _____ | <input type="checkbox"/> Education Facility
Name _____ | <input type="checkbox"/> Job Fair
Name _____ |
| <input type="checkbox"/> Internet
Site _____ | <input type="checkbox"/> Current Employee/Friend
Name _____ | <input type="checkbox"/> Other
_____ |