

Employment Application

Dear applicant, it is the policy of Integra Graphics Synergy. to provide equal employment opportunities to all applicants and employees without regard to status such as race, color, religion, gender, national origin, age, disability, or veteran status. **Please complete the application in its entirety and return it to us.**

Personal Information

Name (Last, First, MI)

_____, _____, _____

Street Address

City, State, Zip

_____, _____, _____

Number of years at the above address

Home Phone Number

() - _____

Cell Phone Number

() - _____

E-mail Address

Social Security Number

- - _____

Driver's License Number/State/Expiration

_____ / _____ / _____

Employment Desired

Position applied for

Full time Part time Temporary

How did you hear about this position?

Date available for work

How many days would you be available to work?

Wage Desired \$_____ per _____

Education

	Name and Address of School	Course of Study	Total Years of Study	Degree/ Diploma
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

List any seminars, awards, honors, special achievements, classes, or other education not listed above which may help qualify you for this position (if you need additional space, please use page 4): _____

Employment History

List below all present and past employers over the past ten (10) years, starting with your **most recent** employer. Account for all periods of unemployment. You must complete this section even if attaching a resume. May we contact your current employer? Yes No

Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No)	Start Date	End Date	Essential job functions of final position
Street address			1.
City, State, Zip ____, _____, _____	Starting Salary	Ending Salary	2.
Phone number () -	\$	\$	3.
Fax number () -	Supervisor(s)		4.
Job position(s)	E-mail address of supervisor		
Reason(s) for leaving _____			
What value did you add to this company or its customers? _____			

Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No)	Start Date	End Date	Essential job functions of final position
Street address			1.
City, State, Zip ____, _____, _____	Starting Salary	Ending Salary	2.
Phone number () -	\$	\$	3.
Fax number () -	Supervisor(s)		4.
Job position(s)	E-mail address of supervisor		
Reason(s) for leaving _____			
What value did you add to this company or its customers? _____			

Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No)	Start Date	End Date	Essential job functions of final position
Street address			1.
City, State, Zip ____, _____, _____	Starting Salary	Ending Salary	2.

Phone number () -	\$	\$	3.
Fax number () -	Supervisor(s)		4.
Job position(s)	E-mail address of supervisor		

Reason(s) for leaving _____

What value did you add to this company or its customers? _____

Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No)	Start Date	End Date	Essential job functions of final position
Street address			1.
City, State, Zip , ,	Starting Salary	Ending Salary	2.
Phone number () -	\$	\$	3.
Fax number () -	Supervisor(s)		4.
Job position(s)	E-mail address of supervisor		

Reason(s) for leaving _____

What value did you add to this company or its customers? _____

Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No)	Start Date	End Date	Essential job functions of final position
Street address			1.
City, State, Zip , ,	Starting Salary	Ending Salary	2.
Phone number () -	\$	\$	3.
Fax number () -	Supervisor(s)		4.
Job position(s)	E-mail address of supervisor		

Reason(s) for leaving _____

What value did you add to this company or its customers? _____

Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No)	Start Date	End Date	Essential job functions of final position
Street address			1.
City, State, Zip , ,	Starting Salary	Ending Salary	2.
Phone number () -	\$	\$	3.
Fax number () -	Supervisor(s)		4.
Job position(s)	E-mail address of supervisor		
Reason(s) for leaving _____			
What value did you add to this company or its customers? _____			

References

Please provide one **work**, one **character** and one **personal** reference.

Name	Occupation		
Company Name	Address		
Telephone Number () -	E-Mail Address	Relationship / Years Acquainted /	
Name	Occupation		
Company Name	Address		
Telephone Number () -	E-Mail Address	Relationship / Years Acquainted /	
Name	Occupation		
Company Name	Address		
Telephone Number () -	E-Mail Address	Relationship / Years Acquainted /	

Additional Space (Additional space provided to expand on any points or questions asked previously in this application)

--

Additional Information

If hired, are there any accommodations the company would need to provide so that you can perform all the essential functions and duties of the position being applied for? Yes No

If yes, please explain: _____

If you are under 18 years of age, can you provide proof of your eligibility to work? Yes No

If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.? Yes No

Driving may be a requirement for some positions with Integra Graphics Synergy. Have you in the last 7 years been convicted of driving under the influence (DUI)? Yes No

If hired, do you have a reliable means of transportation to and from work? Yes No

Have you ever been convicted of a felony or misdemeanor? Yes No

If Yes, please explain: _____

TO BE READ AND SIGNED BY APPLICANT

Please read each statement closely and initial each to acknowledge your understanding.

Equal Employment Opportunity Statement

____ Integra Graphics Synergy is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. Integra Graphics Synergy desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. The Company will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for Integra Graphics Synergy.

Discrimination and Sexual Harassment Policy Statement

____ Integra Graphics Synergy will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows: Unwelcome sexual advances, request for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made whether explicitly a term or condition of an individual's employment; (2) Submission to or action of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

Disclosure to Applicants Concerning Drug/Alcohol Testing

____ If you are offered a position with Integra Graphics Synergy, you may be given a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by this company. Neither the collector of specimens nor the medical professional who reviews the test results will be a company employee. The test results will be kept confidential. The individual undergoing testing will be directly observed while providing the specimen unless there are reasonable grounds

to believe the individual may alter or substitute the specimen. Negative test results are required as a condition of employment.

Complete and Accurate Information

____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection or this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

At-Will Employment

____ I understand and agree that if I am employed, my employment will be “at-will”, which means that Integra Graphics Synergy may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, Integra Graphics Synergy will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superseded and that no promise or representation contrary to the foregoing is binding on Integra Graphics Synergy unless made in writing and signed by Integra Graphics Synergy’s CEO.

Testing Authorization

____ If offered a position with the Integra Graphics Synergy, I hereby agree to any legally permitted physical, psychological, skill, drug or medical test required by Integra Graphics Synergy as a condition of employment.

Investigation Authorization

____ I authorize investigation into all statements and references contained in this application. Said investigation may include credit, driving, criminal background, references and other background checks. By applying for this job, I also authorize post-hire investigation into my credit, driving and criminal background.

Company Obligation

____ I understand and agree that Integra Graphics Synergy’s acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that the company has agreed to hire me. I understand that Integra Graphics Synergy is under no obligation to hire me as the result of accepting this completed application.

I have read and understand the above policy statements and agree to be bound by them if employed by Integra Graphics Synergy.

Applicant’s Signature

Date

Applicant (Print Name)