



APPLICATION FOR EMPLOYMENT

To the applicant: It is the policy of Integrated Community Solutions, Inc. (ICS) to extend employment opportunities to qualified applicants on a non-discriminatory basis and without regard to an individual's age, race, color, religion, sex, sexual orientation, gender identity, genetics, disability, veteran status, national origin, or any other characteristic protected by law. Questions on this application are not intended to be used in any unlawful discrimination. ICS is an Equal Employment Opportunity/Affirmative Action Employer.

PLEASE PRINT

Applicant Name (Last)		(First)		(Middle Initial)
Applicant's Address		Apt. No.	City	State
Zip Code				
Home Phone Number	Work Phone Number		Social Security Number	
Cell Phone Number	May we contact you at work?		Email Address	
Date of Application			Date Available	
Position(s) Applying For:				
Have you applied for a position with ICS before: _____ YES _____ NO If YES, when:				
Have you been employed by ICS before: _____ YES _____ NO If YES, when and in what position:				
How or by whom were you referred to ICS: _____ Ad _____ Employment Agency _____ Employee _____ Self _____ Other Additional Information:				

PERSONAL DATA

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR DO YOU CURRENTLY HAVE CRIMINAL CHARGES PENDING? NO _____ YES _____ (IF "YES", PLEASE PROVIDE ADDITIONAL DETAIL. A CRIMINAL CONVICTION IS NOT AN AUTOMATIC BAR TO EMPLOYMENT)	
SALARY EXPECTED	ARE YOU AT LEAST 18 YEARS OF AGE? YES _____ NO _____
IN CASE OF EMERGENCY NOTIFY – NAME	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S? YES _____ NO _____
EMERGENCY CONTACT'S ADDRESS	EMERGENCY CONTACT'S TELEPHONE NUMBER

EDUCATION

NAME & ADDRESS OF SCHOOL	LIST DIPLOMA, DEGREE, OR COURSE OF STUDY	DID YOU GRADUATE OR RECEIVE A GED?
HIGH SCHOOL		YES or NO
COLLEGE OR UNIVERSITY		YES or NO
COLLEGE OR UNIVERSITY		YES or NO
OTHER		YES or NO

PROFESSIONAL DATA

PLEASE LIST REGISTRATION, CERTIFICATE, OR LICENSE NUMBER IF APPLICABLE		
SPECIAL SKILLS, i.e., COMPUTER SKILLS, LANGUAGES, ETC.		
HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN FROM ANY EMPLOYMENT? _____ YES _____ NO If YES, please explain:		
DOES ANY MEMBER OF YOUR FAMILY WORK HERE NOW? _____ YES _____ NO If YES, please list name, department, and relationship:		
PROVIDE TWO PROFESSIONAL REFERENCES: NAME: RELATIONSHIP/NO. of YEARS KNOWN: PHONE NUMBER:		
1) _____	_____	_____
2) _____	_____	_____

EMPLOYMENT HISTORY PLEASE BEGIN WITH YOUR PRESENT OR MOST RECENT EMPLOYER AND ACCOUNT FOR ALL PERIODS OF EMPLOYMENT. (Attach a separate sheet of paper if necessary.)

PRESENT OR LAST EMPLOYER		DATES EMPLOYED (MO/YR.) FROM TO	ADDRESS
IMMEDIATE SUPERVISOR	PHONE	STARTING SALARY	CITY STATE ZIP CODE
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		FINAL SALARY	REASON FOR CONSIDERING CHANGE / LEAVING
YOUR TITLE		BRIEFLY DESCRIBE YOUR DUTIES:	
IF CURRENTLY EMPLOYED, MAY WE CONTACT YOUR PRESENT EMPLOYER? _____ YES _____ NO			

PREVIOUS EMPLOYER		DATES EMPLOYED (MO/YR.) FROM TO	ADDRESS
IMMEDIATE SUPERVISOR	PHONE	STARTING SALARY	CITY STATE ZIP CODE
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		FINAL SALARY	REASON FOR LEAVING
YOUR TITLE		BRIEFLY DESCRIBE YOUR DUTIES:	

PREVIOUS EMPLOYER		DATES EMPLOYED (MO/YR.) FROM TO	ADDRESS
IMMEDIATE SUPERVISOR	PHONE	STARTING SALARY	CITY STATE ZIP CODE
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		FINAL SALARY	REASON FOR LEAVING
YOUR TITLE		BRIEFLY DESCRIBE YOUR DUTIES:	

PREVIOUS EMPLOYER		DATES EMPLOYED (MO/YR.) FROM TO	ADDRESS
IMMEDIATE SUPERVISOR	PHONE	STARTING SALARY	CITY STATE ZIP CODE
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		FINAL SALARY	REASON FOR LEAVING
YOUR TITLE		BRIEFLY DESCRIBE YOUR DUTIES:	

ACKNOWLEDGEMENT:

I hereby affirm that the information contained in this application (and resume' if any) is accurate and complete and I understand that any false or misleading information or omissions will disqualify me from employment consideration or result in termination of employment, regardless of when discovered.

I hereby authorize Integrated Community Solutions, Inc. to investigate all statements contained in this application related to my background and qualifications; contact my former employers and other listed references or any other persons who can provide information relative to my employment consideration; contact any person or entities regarding my employment application and make any other inquiries that are deemed relevant in arriving at a decision regarding my application for employment. I understand that any investigation conducted may include a request for employment and educational history, credit reports, consumer reports, investigative consumer reports, driving records and criminal history. I hereby release from any and all liability all representatives of Integrated Community Solutions, Inc. for their acts performed in connection with evaluating and investigating my application, credentials and qualifications. I understand that I have the right to make a written request within a reasonable period of time for complete disclosure of the nature and scope of any investigation. I consent to any contacted person to provide information about me and I agree not to sue any such person for information provided about me.

I UNDERSTAND AND ACKNOWLEDGE THAT IF I AM EMPLOYED BY INTEGRATED COMMUNITY SOLUTIONS, MY EMPLOYMENT IS NOT BINDING ON EITHER PARTY FOR ANY SPECIFIED PERIOD OF TIME. I UNDERSTAND THAT IF I AM EMPLOYED, I WILL BE AN EMPLOYEE AT WILL AND MY EMPLOYMENT CAN BE TERMINATED BY EITHER PARTY WITH OR WITHOUT NOTICE AT ANY TIME, FOR ANY REASON OR NO REASON.

I have read, understand, and by my signature, consent to these statements.

Signature of Applicant (in ink)

Other names used

Date