



INTEGRATED HOLISTIC SOLUTIONS

Employment Application

We are an Equal Opportunity Employer. It is our policy to abide by all Federal, State, and local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Salary/Wage Expected: \$ _____
DO NOT LEAVE BLANK

In case of emergency notify: _____

Relationship and phone number: _____

Position Applying for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever been convicted of a felony? YES NO If yes, explain: _____

Education

High School: _____ Location: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Location: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Location: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____



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References

Please list three references. All three must be professional references.

Form for the first reference, including fields for Full Name, Company, Email Address, Address, Relationship, Phone, and May we Contact?

Form for the second reference, including fields for Full Name, Company, Email Address, Address, Relationship, Phone, and May we Contact?

Form for the third reference, including fields for Full Name, Company, Email Address, Address, Relationship, Phone, and May we Contact?

Previous Employment

Form for the first previous employment entry, including fields for Company, Address, Job Title, Starting Salary, Ending Salary, From, To, Reason for Leaving, and a checkbox for contacting the supervisor.

Form for the second previous employment entry, including fields for Company, Address, Job Title, Starting Salary, Ending Salary, From, To, Reason for Leaving, and a checkbox for contacting the supervisor.



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Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
DO NOT LEAVE BLANK DO NOT LEAVE BLANK

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Professional Affiliations		
Professional Affiliations	Position(s) Held	Member Dates

Licensure	
Licensure(s) and Certification (please do not use abbreviations)	Date Attained

Disclaimer and Signature

Please read carefully before signing

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that misrepresentation or omission of facts in this application may lead to my discharge.

If this application leads to employment, I understand and agree that false or misleading information in my application or interview may result in my release and that my employment may be terminated at any time, without prior notice, and that my employment will not be governed by any expressed or implied contract but is at-will.

Applicant's Signature: _____ Date: _____



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Employment Background Investigation Authorization

- I. I understand that an investigative report may be generated on me that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment, financial/credit history, criminal history records from any criminal justice agency in any or all federal, state, city and county jurisdictions, state Department of Motor Vehicle/Drivers' License Records to include traffic citations and registration, military records from the National Personnel Record center, education records including transcripts, and requests for records and information from any individual, company, firm corporation, present and/or past employers and public agencies (including the Social Security Administration and the Immigration & Naturalization Service). I fully understand that Integrated Holistic Solutions, LLC and/or their agent, may be requesting information from public and private sources about any of the information noted earlier in this paragraph, and I freely give my consent for Integrated Holistic Solutions, LLC to do so.
- II. According to the Fair Credit Reporting Act (FCRA), I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer-reporting agency. If so, I will be notified and be given the name of the agency providing that report.
- III. I agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original. This release is valid for most federal, state and county agencies.
- IV. I hereby authorize, without reservation, any one contacted by Integrated Holistic Solutions, LLC and/or their agent, to furnish the information described in Section I.
- V. I hereby authorize, without reservation, Integrated Holistic Solutions, LLC and/or their agent, to contact my stated references for verification.

Applicant: Please Complete the Following

The following information is required by the law enforcement agencies and other positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Signature

Today's Date

Please Print Full Name

Date of Birth (Required)

Your date of birth is required on this form in order to confirm your identity for purposes of completing an accurate background investigation, and is not provided to the hiring official for any purposes in connection with consideration of your application for employment.

Please Print Other Names You Have Used

Social Security Number

Supplying your Social Security is optional. It will only be used in order to confirm your identity for purposes of completing an accurate background investigation.



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Home Address City State Zip

Driver's License Number and State Name as it Appears on License

Have you ever been convicted of, plead guilty, or "no contest" to a crime that has not been expunged or removed from your record?

No Yes

If Yes, Please explain:

(Integrated Holistic Solutions, LLC will consider the nature of the offense, relation to the position for which you are applying, time since conviction, and all other relevant facts and circumstances in determining whether or not to disqualify you from consideration.)

FAIR CREDIT REPORTING ACT, DRIVER'S PRIVACY PROTECTION ACT, and ANY APPLICABLE STATE STATUE (S) NOTICE:

In accordance with the Fair Credit Reporting Act, this information may only be used to verify a statement(s) made by an individual in conjunction with legitimate business needs. The depth of information available varies from state to state. The report that will be generated for employment purposes only and in compliance with the Fair Credit Reporting Act, the Driver's Protection Act, and any applicable state statue(s).

DO NOT WRITE BELOW- FOR COMPANY USE ONLY

Interview? YES NO Date: Time:

Results of Interview:

Acceptable for Employment? YES NO Starting Rate: Starting Date:

Name of Staff Member Conducting Interview:

Hiring Manager's Signature: