



**For Official Use Only**

Date Received: \_\_\_\_\_, 20\_\_

Reviewed by: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT APPLICATION**

Integrated Life, LLC provides equal employment opportunity to all qualified persons, and does not unlawfully discriminate against any person on the basis of race, color, creed, religion, sex, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

**Please -**

- Complete all items on the application, even if the information is included on your resume or other document submitted by you.
- Sign and date your application.
- Specify the exact title of the position in which you are interested.
- Type or print all requested information.

If necessary, attach additional 8 ½ " x 11" sheets of paper to this application.

**Note: Applications are considered active for**

Submit your application to: **Integrated Life, LLC PO Box 3339 Torrance, CA 90510 30 Calendar Days following receipt.**

**Position Applying For:** \_\_\_\_\_

**Personal Information**

1. Name (Last, First Middle)	3. Social Security # -- --	6. Driver's License (State/No.)
2. Address (Street)	4. Telephone Number ( ) -	7. Alternate Telephone ( ) -
Address (City, State, Zip Code)	5. Email Address	

**General Information**

Are you legally eligible for work in the U.S.A.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>(if yes, verification will be required)</i>
Have you ever applied to or worked for Integrated Life LLC before? If so, when?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are any of your relatives currently working for Integrated Life, LLC? If so, please list name and department, if applicable.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever been convicted of a felony? If yes, please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**Employment Request**

Minimum Hourly Rate Requested: \$	If applicable, are you available for overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is the earliest date you can begin work?	
How did you hear about this position? <input type="checkbox"/> Recruiter <input type="checkbox"/> Internet Job Posting <input type="checkbox"/> Newspaper Classified <input type="checkbox"/> Company Website <input type="checkbox"/> Other _____	

**Employment History**

*\*Please begin with most recent employment*

May we contact your current employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
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Employer: _____ Address: _____ Supervisor: _____ Telephone: (    ) _____ - _____	Dates of Employment: _____, _____ to _____, _____		Position: Duties:	Reason for Leaving:
Employer: _____ Address: _____ Supervisor: _____ Telephone: (    ) _____ - _____	Dates of Employment: _____, _____ to _____, _____		Position: Duties:	Reason for Leaving:
Employer: _____ Address: _____ Supervisor: _____ Telephone: (    ) _____ - _____	Dates of Employment: _____, _____ to _____, _____		Position: Duties:	Reason for Leaving:

**Education**

School	Name	Location	Course of Study	Degree Obtained
High School/GED				
College/University				
Graduate School				
Vocational / Specialized				

**Military**

Military Service:  Yes  No

Branch: \_\_\_\_\_

Specialized Training:

**References**

Name	Company	Title	Contact Information

**Signature / Certification**

I certify that the facts set forth in this application are true, complete, and correct to the best of my knowledge. I understand that any misrepresentations, falsifications, or omissions on this application can be grounds for rejection of my application or, if I am employed by this company, for my immediate termination from employment. I authorize Integrated Life, LLC to make any necessary inquiries and investigations into my education, military, or employment history. I further authorize, unless otherwise indicated on this application, the release of my information to Integrated Life, LLC by any of the schools, services, or employers listed on this application.

**Signature:**

**Date:**