



## Employment Application

Please answer all questions completely. We are an Equal Opportunity Employer. No question on this application is intended to be discriminatory under any applicable Federal, State or Local Fair Employment Practices Law.

### Personal Information

Name (first, middle, last): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Are you able to provide proof of your eligibility to work in the USA? YES  NO

Social Security Number: \_\_\_\_\_ Are you age 18 or over? YES  NO

Have you ever worked under a different name? YES  NO  If yes, name? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO  If yes, list offense, date, and disposition of case:

### Employment Desired

CTG's Hours of Operation are M-F 7:00am-3:00pm

Position Desired: \_\_\_\_\_ Date available: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Names of relatives employed by this company:

Would you be willing to work overtime?

YES  NO

Type of Employment Desired:

Full Time  Part Time

If hired, would you have reliable transportation to and from work? YES  NO

If required for the position, do you have a valid driver's license? YES  NO

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? YES  NO

If NO, describe the functions that cannot be performed: \_\_\_\_\_

How did you hear about this position/company? \_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

### Education Information

Type of School	School Name / Address	Major / Subject	Circle Last Year Completed	If Graduated, give degree
High School			1 2 3 4	
College			1 2 3 4	
University			1 2 3 4	
Other			1 2 3 4	

## Skills / Training

What machines or equipment can you operate?

- Forklift   
  Pallet Jack   
  Commercial Bailer   
  Electric Pallet Wrapper/Weigher  
 PC   
  Point of Sale System   
  Other: \_\_\_\_\_

Additional skills or training information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Employment Information

Employer Name	Phone Number	From: Mo/Yr	To: Mo/Yr
Address (City, State, Zip)	Job Title	Starting Pay	Ending Pay
Supervisor Name & Title	Duties		
Reason for leaving	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Employer Name	Phone Number	From: Mo/Yr	To: Mo/Yr
Address (City, State, Zip)	Job Title	Starting Pay	Ending Pay
Supervisor Name & Title	Duties		
Reason for leaving	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Employer Name	Phone Number	From: Mo/Yr	To: Mo/Yr
Address (City, State, Zip)	Job Title	Starting Pay	Ending Pay
Supervisor Name & Title	Duties		
Reason for leaving	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		

## Authorization to Release Information and Applicant Agreement

I understand that Centurion Technology Group, Inc. (CTG) does not discriminate in its employment practices against any person because of race, color, national or ethnic origin, sex, age or disability. I hereby certify that the facts set forth in this initial application are true and complete to the best of my knowledge. I understand that discovery of falsification of any statement or significant omission of fact may prevent me from being hired, or if hired, may subject me to immediate dismissal regardless of the time elapsed before discovery. If I am released under these circumstances, I further understand that I will be paid, and receive benefits, only through the day of release.

I authorize any person, school, current employer (except as expressly noted), past employer (s), and organizations named in this application from (and accompanying resume or other documentation, if any) to provide CTG with relevant information and opinion, personal or otherwise that may be useful in making a hiring decision. I release all parties from all liability for any damage that may result from furnishing information and opinion to you. I further authorize those given as references and my former employers to disclose to CTG any and all employment records, performance reviews, letters, reports, and other information related to my life and employment, without giving me prior notice of such disclosure. I waive the right to ever personally view any reference given to CTG.

I understand that CTG policy prohibits an employee under the influence of intoxicants or controlled substances from working and that testing may be required of an employee reasonably suspected to be under the influence or, who is involved in or who contributed to an accident involving injury or harm to individuals, property or equipment (except where prohibited by law).

I understand that this is only an application for employment and that no employment contract is being offered at this time. I understand that all offers of employment are contingent upon my providing satisfactory documentary proof of my identity and legal right to live and work in the United States.

I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application.

---

Applicant's Name (Please Print)

---

Signature of Applicant

---

Date