



APPLICATION FOR EMPLOYMENT AN EQUAL OPPORTUNITY EMPLOYER

Centurion Technologies is pleased that you are interested in applying for employment. Centurion Technologies does not discriminate on the basis of race, color, religion, national origin, gender, age, veteran status, sexual orientation or disability. No question on this form is intended to secure information to be used for such discrimination.

We will give this application every consideration. Centurion Technologies makes no commitment of employment to the applicant by acceptance of this application. Application must be completed in full.

If you need special assistance or accommodation to participate in the application process (e.g. taking a pre-employment test or participating in an interview), you may request such assistance.

FULL LEGAL NAME	LAST	FIRST	MIDDLE
PRESENT ADDRESS	NUMBER / STREET	APT. NO.	CITY STATE / ZIP
PERMANENT ADDRESS (If different from above)	NUMBER / STREET	APT. NO.	CITY STATE / ZIP
EMAIL ADDRESS	TELEPHONE NUMBER (Home)		<input type="checkbox"/> Preferred contact number
TELEPHONE NUMBER (Work)	<input type="checkbox"/> Preferred contact number	TELEPHONE NUMBER (Alternate/Cellular)	<input type="checkbox"/> Preferred contact number

POSITION DESIRED	Position requires working rotating shifts at the work location.	DATE AVAILABLE
CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF ELIGIBILITY TO BE EMPLOYED IN THE UNITED STATES?		CAN YOU WORK OVERTIME?
Yes No If no, please explain.		Yes No
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?	Yes	No
WILL YOU NOW OR IN THE FUTURE REQUIRE SPONSOERSHIP FOR AN IMMIGRATION-RELATED EMPLOYMENT BENEFIT? (H-1B visa, O-1 visa, E-3 visa petition or TN status)	Yes	No
How were you referred? Advertisement Job Fair Agency/Search Internet Site		Other
Employee Referral (name) _____		

HAVE YOU EVER BEEN EMPLOYED BY CONQUEST COMPLETION OR ANY COMPANY AFFILIATED WITH CONQUEST COMPLETION?	IF YES, COMPANY NAME	EMPLOYMENT DATES
Yes No		
JOB TITLE / DEPARTMENT	EMPLOYEE NUMBER AND NAME EMPLOYED UNDER IF DIFFERENT THAN CURRENT NAME.	
REASON FOR LEAVING		
DO YOU HAVE ANY RELATIVES EMPLOYED BY CONQUEST COMPLETION?	IF YES, NAME OF RELATIVE(S) AND RELATIONSHIP	
Yes No		

GENERAL INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR AGREED TO ENTER INTO A DEFERRED ADJUDICATION OR SIMILAR PROGRAM IN CONNECTION WITH THE PROSECUTION OF A CRIMINAL OFFENSE? (Including DWI or Non-Traffic offense)

NOTE: To include all felony and misdemeanor convictions and all convictions in state and federal courts regardless of whether it may or may not appear on your current record.

Yes

No

IF YES, EXPLAIN ALL OCCURRENCES, INCLUDING DATES IN DETAIL. INCLUDE SEPARATE SHEET OF PAPER IF NECESSARY. NUMBER OF ATTACHMENTS _____

INCIDENT	CITY	STATE	DATE (Month/Year)
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HAVE YOU EVER BEEN TERMINATED, DISCHARGED, LAID OFF OR ASKED TO RESIGN BY A PREVIOUS EMPLOYER?

Yes

No

IF YES, LIST EMPLOYERS, DATES AND CIRCUMSTANCE:

HAVE YOU EVER BEEN REFUSED A BOND?

Yes

No

EDUCATIONAL BACKGROUND

List institutions attended. List degrees actually received and grades successfully completed. If necessary attach additional sheet(s).

LEVEL	SCHOOL OR INSTITUTION		Did you Graduate?	Graduated/Completed	Degree Earned/Major
HIGH SCHOOL	Name	Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No	Month/Year	
	City	State Zip		Month/Year	
G.E.D. High School Equivalency	Name	Phone		Month/Year	
	City	State Zip		Month/Year	
UNDER-GRADUATE	Name	Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No	Month/Year	
	City	State Zip		Month/Year	
GRADUATE	Name	Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No	Month/Year	
	City	State Zip		Month/Year	
POST GRADUATE	Name	Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No	Month/Year	
	City	State Zip		Month/Year	
BUSINESS TRADE	Name	Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No	Month/Year	
	City	State Zip		Month/Year	
OTHER	Name	Phone		Month/Year	
	City	State Zip		Month/Year	

HOURS OR CREDITS TOWARD A DEGREE NOT YET COMPLETED _____

SPECIALIZED SKILLS OR CERTIFICATIONS

Do you have a current CDL? Yes No Endorsements? _____

STATUS OF LICENSE

CDL License/State Issuing _____

Current Expired

Driver's License/State Issuing _____

Current Expired

List any training, skills, aptitudes and qualifications which you feel are relevant to the type of employment you are seeking. Include computer skills and software applications.

MILITARY BACKGROUND

BRANCH OF SERVICE / RESERVE OR NATIONAL GUARD	DATES OF SERVICE From (MM/DD/YYYY) To (MM/DD/YYYY)	LAST RANK (officer) / RATE (enlisted)
CLASSIFICATION DISCHARGE	IF OTHER THAN HONORABLE, PLEASE PROVIDE EXPLANATION	

READ CAREFULLY BEFORE SIGNING

Application for Employment forms are valid for a period of six (6) months.

I verify that all of the information provided by me on this application and in exhibits and resumes is true, correct and complete. I have not knowingly withheld any information requested on this application. I understand that false, misleading, incomplete or omitted information on this application, exhibits or resumes will result in rejection of my application or dismissal if hired by Conquest Completion. There is no time limit regarding the above mentioned items.

I authorize Conquest Completion and its agents to verify the information on this application and in exhibits and resumes and to conduct an investigation regarding my suitability for employment. I release Conquest Completion, its agents and all persons and companies from any claims, liabilities or damages for requesting or providing any information about me.

I understand that this application is not intended as a job offer or contract of employment. If hired, my employment will not be for any specific time period and I may resign or be terminated at any time with or without notice or with or without cause.

I understand that if employed, I will be required to complete a Federal Form I-9 Employment Eligibility Verification and to provide verification and identification related to my eligibility to work in the United States.

If I am extended a conditional employment offer by Conquest Completion, I will be requested to submit to a drug screen and/or alcohol and a physical (if needed). The results of these screens will be communicated to Conquest Completion and used in determining my suitability for employment. If I refuse to have the screens or release the results of the screens to Conquest Completion, I will not be considered further for employment.

I agree to abide by all policies and rules of Conquest Completion.

APPLICANT'S (Signature) DATE
APPLICANT'S FULL LEGAL NAME (PRINT)