



Application for Employment

An Equal Opportunity Employer

All applicants for employment must complete this questionnaire. Failure to provide complete and accurate information may disqualify you from further consideration or delay the presentation of an offer of employment. This application will remain active for 90-days. This application will not be considered unless fully completed. All applicable federal, state, and local laws will be followed to ensure consideration without regard to race, color, religion, sex, age, disability, or other classification protected by law. The company will make reasonable accommodations for persons with disabilities in accordance with applicable laws. It is our intention that all qualifying applicants be given equal opportunity and that selection will be made on job-related factors. We appreciate your interest in joining our team.

PERSONAL DATA

Name: _____ Social Security#: _____
(Last) (First) (Middle)

Address: _____
(Number) (Street) (City) (State) (Zip code) (How long?)

Previous Address: _____
(Number) (Street) (City) (State) (Zip code) (How long?)

Telephone#: () () Email: _____
(Day) (Evening)

Are you 16 years of age or older? Yes No

Are you either a citizen of the United States, a lawful permanent resident of the United States, or authorized to work indefinitely in the United States? Yes No Proof of eligibility is required upon employment.

GENERAL DATA

Position Applied for? _____ Desired wage/salary? _____

Date you are available for work: _____ How were you referred to Centrinex? _____

Have you ever been employed by Centrinex or Clickspeed Marketing Yes No

If yes, give last title and dates of employment: _____

List any relatives who are currently employed with Centrinex or Clickspeed Marketing _____

State any limitations on your working hours such as shift work, overtime, weekend work, etc:

To be considered "qualified" under the Americans with Disabilities Act (and State Disability Laws); an applicant must be able to perform the essential functions of the job with or without a reasonable accommodation.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? Yes No

Have you ever been convicted of a felony or misdemeanor offense or have current charges pending against you which may result in a Conviction? Yes No Are you currently on probation or parole? Yes No Centrinex and Clickspeed Marketing conduct background checks.

EMPLOYMENT HISTORY

List all work experience beginning with your most recent employment. If additional space is necessary, include it as an attachment. Please complete this section even if attaching a resume, incomplete application will not be considered.

Please complete in full even if resume is attached

Position Title:						Employer Phone ()			Full-time <input type="checkbox"/>		
Employer:						Immediate supervisor			Part-time <input type="checkbox"/>		
Street Address:						Supervisor's phone # ()			Temporary <input type="checkbox"/>		
City, State, ZIP						Supervisor's Title:					
Starting Date			Leaving Date			Current/ Final Salary	May we contact the above employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			Give average # of hours worked per week if part-time:	
Mo	Day	Yr	Mo	Day	Yr						
						\$	State any other name you may have worked under:				
Summary of experience:											
Specific reason for leaving:											

Position Title:						Employer Phone ()			Full-time <input type="checkbox"/>		
Employer:						Immediate supervisor			Part-time <input type="checkbox"/>		
Street Address:						Supervisor's phone # ()			Temporary <input type="checkbox"/>		
City, State, ZIP						Supervisor's Title:					
Starting Date			Leaving Date			Current/ Final Salary	May we contact the above employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			Give average # of hours worked per week if part-time:	
Mo	Day	Yr	Mo	Day	Yr						
						\$	State any other name you may have worked under:				
Summary of experience:											
Specific reason for leaving:											

Position Title:						Employer Phone ()			Full-time <input type="checkbox"/>		
Employer:						Immediate supervisor			Part-time <input type="checkbox"/>		
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City, State, ZIP						Supervisor's Title:					
Starting Date			Leaving Date			Current/ Final Salary	May we contact the above employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			Give average # of hours worked per week if part-time:	
Mo	Day	Yr	Mo	Day	Yr						
						\$	State any other name you may have worked under:				
Summary of experience:											
Specific reason for leaving:											

Have you ever been terminated or asked to resign from any job? Yes No

If yes, please explain: _____

Explain any periods of unemployment in the last five years: _____

Please list any person whom we may contact who knows your employment qualifications, such as present or former supervisors, former teachers or professors, or employees now with Centrinex or Clickspeed Marketing . Do not list relatives.

Name/Position	Company Name & Address	Telephone	Years Known
/		()	
/		()	
/		()	
/		()	
/		()	
/		()	

EDUCATION HISTORY

School	City and State	Dates From:	Mo/Yr. To:	Course of Study	Degree
	,				
	,				
	,				
	,				

Note: Applicants may be required to provide proof of diploma, degree, transcripts, licenses or certifications.

Professional certifications or designations: _____

Do you speak, read and/or understand any foreign languages? Yes No If yes, which language?_____

Special study courses and training (Excluding those which indicate race, sex, sexual orientation, national origin, age, physical or mental disability, medical condition, religion, martial or veteran status of its members). _____

ADDITIONAL INFORMATION

Use this section to provide any additional comments about yourself, which you think are important. You may wish to include any training, education or special skills you have or rewards received. _____

AGREEMENT-PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the information contained in this application is correct to the best of my knowledge. I understand that any misstatement or omission of information is grounds for dismissal. I authorize investigation of all statements contained in this application and understand my employment is contingent upon satisfactory completion of such investigations. I further authorize the employers listed herein to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and I release all parties from liability for any damage that may result from furnishing that information to you.

I give the company my authorization for the procurement of a background investigation consisting of a Social Security verification and criminal history background check and any other investigative reports deemed relevant, and understand that this information may be used to make an employment decision affecting me. The information will be used for the sole purpose of identification when conducting a background investigation. I understand that I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this consumer investigation report.

I hereby release the company and any persons, company or institution that provide the company with information from any and all liability for any damages that may result from the investigation, use or disclosures of such information.

Pursuant to the Immigration Reform and control Act of 1986, all applicants, upon being made an offer of employment must produce documents, which are specified by the federal government, establishing their identity and authorization for employment in the United States. These documents must be provided no later than seventy-two hours after commencement of employment. You will also be required to sign a Form I-9 (issued by the federal government) verifying, under oath, your employment authorization.

I understand that my employment and compensation shall be “at will” and can be terminated by the employer or employee with or without cause. I further understand that the application form does not bind the employer or employee to any specific term, conditions or period of employment and that any oral statements or promises to the contrary are not binding upon the employers.

Signature of Applicant _____ Date _____
(Application will not be considered without signature and date)