Centaur Associates, Inc.

4064 Technology Dr. Suite A Maumee, OH 43537

An Equal Opportunity Employer

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, sexual orientation, veteran status, marital status, or the presence of a non-related medical condition or disability. All questions must be answered and application signed. Any application that provides unrequested information will be automatically rejected.

Position(s) Applied for	Date of Application//					
Referral Source: □ Advertisement □ Employ □ Government Employment Age □ Internet □ Other □ □ □						
Name: Last First Middle	Social Security Number					
	City: State: Zip:					
	City:State:Zip:					
How long at this address?						
Previous Address:	City:State:Zip:					
	dress:					
Home Phone Number: ()	_ Cell Phone Number: ()					
What date are you available for employment?	Date: / /					
Type of employment desired: (check all that apply)	□ Full time □ Part time □ Temporary					
Are you able to work overtime if required?	□Yes □No					
Are you able to meet the attendance requirements of th	ne position?					
Have you previously applied for a position at Centaur A	ssociates, Inc.?					
Have you previously worked at Centaur Associates, Inc	c.? □Yes □No When?					
Are you eligible to work in the United States? □Yes □No (Proof of eligibility will be required before you can be employed.)						
Are you presently on layoff and/or subject to recall from any other company? UYes DNo If yes, please explain:						
Have you ever been convicted of/or pleaded guilty to a crime (other than minor traffic violations) in the past seven years? □Yes □No If yes, please explain: (give date, location, charge, etc.)						
(Conviction will not necessarily disqualify you for employment)						
If the job requires, do you have a valid drivers license? DL#	□Yes □No State of Issue					
Have you had any moving violations in the past 3 Years If yes, please discribe	s?					
Do you have any relatives currently employed by Centa If yes, please list:						
Are you over 24 years old?	□Yes □No					
Person to be contacted in case of an emergency:	Relationship:					
Name: Last First Middle	Telephone #: ()					
Address:	City:State:Zip:					

Educational Background:

Type of School	Name/City	How Many Years Attended	Graduated	Course or Major
High School		1 2 3 4	□ Yes □ No	
College			🗆 Yes 🗆 No	
Post Graduate			🗆 Yes 🗆 No	
Business or Trade			🗆 Yes 🗆 No	
Other				

Employment History:

List your last three (3) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer:	Telephone:	Dates Employed Month & Year		Summarize the nature of the work performed and job responsibilities	
	()	From	To		
Address:					
Job Title:			Rate/Salary arting		
Immediate Supervisor and Title:		\$	Per		
Reason for leaving:			Rate/Salary		
May we contact for reference / verification	n? □ Yes □ No □ Later	\$	Per		
Employer:	Telephone: ()		Employed & Year To	Summarize the nature of the work performed and job responsibilities	
Address:					
Job Title:			Rate/Salary arting		
Immediate Supervisor and Title:		\$	Per		
Reason for leaving:			Rate/Salary		
May we contact for reference / verification	n? □ Yes □ No □ Later	\$	Per		
Employer:	Telephone: ()	Dates I Month From	Employed & Year To	Summarize the nature of the work performed and job responsibilities	
Address:					
Job Title:			Rate/Salary arting		
Immediate Supervisor and Title:		\$	Per		
Reason for leaving:			Rate/Salary		
May we contact for reference / verification	n? □ Yes □ No □ Later	\$	Per		

Comments and other skills and qualifications (including explanation of any gaps in employment):

References:

Please have references available upon request.

I certify that the facts contained in this application and/or interview(s) are true and complete. Any misrepresentation or falsification of information or significant omissions will be cause for rejection of my application or for subsequent discipline up to and including my dismissal from employment if discovered at a later date.

I understand that, if employed, my employment is not guaranteed for any term, and my employment may be terminated by the employer or myself at any time and for any reason with or without prior notice. No representative of Centaur Associates, Inc. other than the owner(s) is authorized to make any assurance or promise of continued employment and any such assurance must be in writing signed by the owner(s).

I also agree that any claim or lawsuit relating to my service with Centaur must be filed no more than six (6) months after the date of the employment action that is subject of the claim of the lawsuit. I agree to waive any statute of limitations to the contrary.

This application will remain on active file for 60 days. If I am hired within this period, this form will be transferred to my individual personnel file. If I am not hired or have not heard from this employer within 60 days, this application may no longer be active and I may need to reapply for employment if I wish to be considered for a job with Centaur Associates, Inc.

I give the employer and /or it's agents, including consumer reporting bureaus, the right to investigate any and all statements made in this application for the purpose of employment and retention of employment. This investigation may include, but not limited to, credit reports, criminal conviction records, motor vehicle driving records and previous employment history. Further, I hereby release from liability and hold harmless this employer, its' representatives, all persons and organizations/companies for furnishing such information.

If required, I agree to a drug testing prior and during employment or for post accident occurrences.

The employer, Centaur Associates, Inc., is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

Signature of Applicant_____

_Date _____/___/____/