



CENTRAV

511 E Travelers Trail
Burnsville, Minnesota 55337
(952) 886-7650 (800) 266-6610

Employment applicants will receive consideration without discrimination because of race, color, religion, age, gender, sexual orientation, national origin or ancestry, marital status, disability or veteran status.

APPLICATION FOR EMPLOYMENT

Last Name			First	Middle	Date
Street Address					Home Phone or Cell Phone ()
City, State, Zip					Business Phone ()
Have you ever applied for employment with us? ____ Yes ____ No If Yes, Month and Year _____					Pay Expected
Position Desired					Will you work overtime if asked? ____ Yes ____ No
Apart from absence for religious observance, are you available for full-time work? ____ Yes ____ No If not, what hours can you work?					When will you be available to begin work?
Are you legally eligible for employment in the United States?					

Other special training or skills (languages, computer programs/software, machine operation, etc):

How did you learn of our organization?

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	# OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA

Licenses/Certifications:

Typing Skills: WPM

Have you signed a Non-Compete Agreement that is still in effect? ____ Yes ____ No

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS

Your disclosure is optional.

<h1>Employment</h1>	Please include full-time and part-time employment. Start with present or most recent employer.
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Company Name	Telephone ()
Address	Employment (Month & Year) From: To:
Name of Supervisor/Manager	Salary Start: Last:
Job Title and Description	Reason for Leaving
Company Name	Telephone ()
Address	Employment (Month & Year) From: To:
Name of Supervisor/Manager	Salary Start: Last:
Job Title and Description	Reason for Leaving
Company Name	Telephone ()
Address	Employment (Month & Year) From: To:
Name of Supervisor/Manager	Salary Start: Last:
Job Title and Description	Reason for Leaving
Company Name	Telephone ()
Address	Employment (Month & Year) From: To:
Name of Supervisor/Manager	Salary Start: Last:
Job Title and Description	Reason for Leaving

<p>We may contact the employers listed above unless you instruct otherwise (below).</p> <p>DO NOT CONTACT</p>				
<table style="width:100%; border: none;"> <tr> <td style="width:60%; border: none;">Employer Name(s)</td> <td style="width:40%; border: none;">Reason</td> </tr> <tr> <td style="border: none; height: 20px;"> </td> <td style="border: none;"> </td> </tr> </table>	Employer Name(s)	Reason		
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Complete this section if you served in the U.S. Armed Forces		
<p>We intend to comply with all federal and state laws regarding reservists and other members of the armed services, and we do not discriminate on the basis of veteran status or military history.</p>		
<table style="width:100%; border: none;"> <tr> <td style="width:60%; border: none;">Period of Active Duty (Month & Year) From:</td> <td style="width:40%; border: none;">To</td> </tr> </table>	Period of Active Duty (Month & Year) From:	To
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<table style="width:100%; border: none;"> <tr> <td style="width:60%; border: none;">Describe your duties and any special training:</td> <td style="width:40%; border: none;">Rank at Discharge:</td> </tr> </table>	Describe your duties and any special training:	Rank at Discharge:
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Date of Final Discharge:

Equal Employment Opportunity: This employer is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, age, gender, sexual orientation, national origin or ancestry, marital status, disability, or veteran status.

DO NOT ANSWER ANY QUESTION IN THIS SECTION UNLESS THE BOX IS CHECKED

If the employer has checked the box next to the question, the information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity.

<input checked="" type="checkbox"/>	Are you a U.S. Citizen or legally documented to work in the United States? ____ Yes ____ No
<input checked="" type="checkbox"/>	How long have you lived at your present address? _____ Years?
<input checked="" type="checkbox"/>	What was your previous address? How long did you live at your previous address? _____ Years?
<input checked="" type="checkbox"/>	Are you at least 18 years of age? ____ Yes ____ No If not, employment is subject to verification of minimum legal age.
<input checked="" type="checkbox"/>	State names of relatives and friends working for us.
<input type="checkbox"/>	If you are already scheduled for an interview, please answer the following question: Have you ever been convicted of a misdemeanor, a felony or convicted in a military court martial? ____ Yes ____ No If yes, give date(s) and nature of conviction(s): A conviction will not necessarily disqualify you from employment. "Convicted" includes a finding of guilt by a judge/jury, a plea of guilty or "no contest."

Authorization

Please Read Carefully Before Signing

I certify that I have answered all questions contained herein truthfully, to the best of my knowledge, and I hereby grant permission to the Company to investigate into any and all matters contained in this application. I further authorize any individual, agency, corporation or association having any information concerning any matters contained in this application to disclose such information to the Company upon request. I fully understand that false statements on this application may result in refusal of hire or dismissal whenever discovered. I further agree that I shall not hold either the Company or any individual, agency, corporation, or association liable for damages, if any, resulting from the investigation and disclosure of information concerning the questions asked on this application form.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME FOR ANY LAWFUL REASON, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

Date

Signature

