

# Century Industries Employment Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Position Applied For \_\_\_\_\_

Desired Pay Rate \_\_\_\_\_ Available Start Date \_\_\_\_\_

Are you now or have you ever experienced any of the following?

| Yes                      | No                       |                    | Yes                      | No                       |                       | Yes                      | No                       |                        |
|--------------------------|--------------------------|--------------------|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Knee Problems      | <input type="checkbox"/> | <input type="checkbox"/> | Lung Problems         | <input type="checkbox"/> | <input type="checkbox"/> | Psychological Problems |
| <input type="checkbox"/> | <input type="checkbox"/> | Back Problems      | <input type="checkbox"/> | <input type="checkbox"/> | Eye Problems          | <input type="checkbox"/> | <input type="checkbox"/> | Other _____            |
| <input type="checkbox"/> | <input type="checkbox"/> | Hearing Problems   | <input type="checkbox"/> | <input type="checkbox"/> | Drug Use or Addiction |                          |                          | _____                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Breathing Problems | <input type="checkbox"/> | <input type="checkbox"/> | Alcohol Problems      |                          |                          |                        |

Provide details for above answered **Yes** \_\_\_\_\_

\_\_\_\_\_

Special Skills and Qualifications, Certificates/Licenses \_\_\_\_\_

\_\_\_\_\_

Machines or Equipment You are Qualified to Operate \_\_\_\_\_

\_\_\_\_\_

Previous Work Experience \_\_\_\_\_

\_\_\_\_\_

Hobbies/Interests \_\_\_\_\_

\_\_\_\_\_

## Applicant's Statement

I certify that answers given are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. The applicant understands that neither this document for any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the employer.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_