

# Centaur Art Galleries

Fashion Show Mall  
 3200 Las Vegas Boulevard South, Suite 1040  
 Las Vegas, Nevada USA 89109-0728  
 Tel: 1-702-737-1234 - Fax: 1-702-737-5491  
 Info@CentaurGalleries.com  
 http://www.CentaurGalleries.com



Prospective employees will receive consideration without discrimination due to race, creed, color, sex, age, national origin, or handicap.

<b>P E R S O N A L</b>	Last Name	First Name	Middle Name	Date
	Address			Home Telephone (   )
	City, State, ZIP Code			Business or Mobile Telephone (   )
	Have you ever applied for employment with Centaur Galleries? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, month and year _____ Location _____			Date of Birth
	Position Desired			Social Security Number -   -
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No   If not, what hours can you work?			Pay Expected
	Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date available to begin work?
	Special training or skills (languages, machine operation, etc.):			Will you work overtime, if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	How did you learn of our organization?			

<b>E D U C A T I O N</b>	LEVEL	NAME AND LOCATION	COURSE OF STUDY	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE?	DIPLOMA / DEGREE
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>S I G N A T U R E</b>	I hereby declare the information provided by me in this application for employment is true, correct, and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal.	
	I authorize Centaur Galleries to obtain an investigative consumer report containing information obtained through personal interview with my neighbors, friends, and acquaintances. This report, if obtained, may include information as to my character, general reputation, personal characteristics, and mode of living. I understand I have the right to make a written request within a reasonable period of time to receive additional information about the nature and scope of any such investigation.	
	Signature _____	Date _____

# EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

<b>1</b>	Company Name	Telephone (      )
	Address	Dates Employed (Month and Year) From:                      To:
	Name of Supervisor	Weekly Pay Start:                      End:
	Job Title and Description of Work _____	Reason(s) for Leaving
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please state the reason:	
<b>2</b>	Company Name	Telephone (      )
	Address	Dates Employed (Month and Year) From:                      To:
	Name of Supervisor	Weekly Pay Start:                      End:
	Job Title and Description of Work _____	Reason(s) for Leaving
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please state the reason:	
<b>3</b>	Company Name	Telephone (      )
	Address	Dates Employed (Month and Year) From:                      To:
	Name of Supervisor	Weekly Pay Start:                      End:
	Job Title and Description of Work _____	Reason(s) for Leaving
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please state the reason:	
<b>4</b>	Company Name	Telephone (      )
	Address	Dates Employed (Month and Year) From:                      To:
	Name of Supervisor	Weekly Pay Start:                      End:
	Job Title and Description of Work _____	Reason(s) for Leaving
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please state the reason:	
<b>5</b>	Company Name	Telephone (      )
	Address	Dates Employed (Month and Year) From:                      To:
	Name of Supervisor	Weekly Pay Start:                      End:
	Job Title and Description of Work _____	Reason(s) for Leaving
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please state the reason:	