

APPLICATION FOR EMPLOYMENT

CENTERSTAGING LLC

23-41 Borden Ave, Long Island City NY 11101 (212) 651-1290

CenterStaging LLC is an equal opportunity employer and makes employment decisions on the basis of merit. Company policy prohibits unlawful discrimination based on race, color, creed, age, gender, sexual orientation, national origin or ancestry, religion, marital status, military service, pregnancy, physical or mental disability, medical condition, including genetic characteristics, or any other consideration made unlawful by federal, state, or local laws.

Social Security Number

No. of Years

Attended

Did you

Graduate?

Degree/Diploma

Today's Date

Current Address – Number and Street				City, State and Zip				
Home Phone Work Phone		ne	Cell/Other Phone		E-Mail Address			
		red, can you subm t to work in the U.S	you submit verification of your legal k in the U.S.?			If hired, would you have a reliable means of transportation to and from work?		
Yes O No O	Yes	O No (0			Yes	O No O	0
EMPLOYMENT DESIRE	n							
		Available Start I	lable Start Date		Full-Time O		art-Time O	Desired Salary
			Temporary/Seasonal O					
How did you find out about th	is position?	•						
O Referral O Newspape	r Ad O	Employment Age	ncy/Recrui	iter O	Interne	et O	Other	
Have you ever applied to or w			ro?	s O	No	o	If yes, when?	
Are you able to perform the eapplying, either with or withou				ou are	Yes	o	No O	
If accommodations are neede	d, what are	they?						
Do you have any friends or relatives working for CenterStaging?		king If yes, ple	If yes, please list them:					
		Name/Re	lationship	:				
Yes O No O		Name/Re	Name/Relationship					
Name/Relationship:								
EDUCATION/TRAINING/	EVDEDIC	NCE						
EDUCATION/TRAINING/	CAPERIE	NCE						-

Name & Location of School

Revised August 2018

Other

High School

College/University
Vocational/Business

PERSONAL INFORMATION
Name (Last Name, First, Middle)

EDUCATION/TRAINING/EXPERIENCE (Continued)

EDUCATION/TRAINING/EXPERIENCE (Continued)		
Do you have any other experience, training, qualifications or skills that you feel are especially suited for work at CenterStaging?		
Have you obtained any special skills or abilities as the result of service in the military? Yes O No O If so, describe.		
The bound of the second of the		
EMPLOYMENT (List from your present or most current employer)		
LINE LOT MENT (LIST HOLD YOU PROSCUL OF HOST OUTCHT OUTPIOYOF)		

EMPLOYMENT (List from	om your present or most current employer)		
Dates of Employment (Month/Date)	Name and Address of Employer	Telephone No.	Supervisor
From			
То			
Position and Responsibilit	ies	,	
Starting/Ending Salary	Reason for Leaving		May we contact this employer? Yes O No O
From			
То			
Position and Responsibilit	ies		
Starting/Ending Salary	Reason for Leaving		May we contact this employer? Yes O No O
From			
То			
Position and Responsibilit	ies	1	
Starting/Ending Salary	Reason for Leaving		May we contact this employer?
_			Yes O No O
From			
То			
Position and Responsibilit	ies		
Starting/Ending Salary	Reason for Leaving		May we contact this employer?
			Yes O No O

Have you ever gone to school or worked under any of	ther If yes, please list name(s) and w	then and where you used them.		
name? Yes O No O				
List any periods of unemployment during the last five	years and explain:			
CRIMINAL CONVICTIONS				
	yes, state nature of the crime(s), when and vase:	vhere convicted and disposition of the		
Yes O No O				
(Convictions for marijuana-related offenses that are more than two years old need not be listed).				
No applicant will be denied employment solely on the basis of a conviction of a criminal offense. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.				
PERSONAL/PROFESSIONAL REFERENCES	5			
Please list three persons you have known for a	at least one year. Do not list relatives	or former employers.		
Name	•	Occupation		
Address (Street, City, State and Zip)	Telephone Number			
Name	Occupation			
Address (Street, City, State and Zip)		Telephone Number		
Name		Occupation		
Address (Street, City, State and Zip)	Telephone Number			

APPLICANT ACKNOWLEDGEMENT FORM

Please read a	and initial each section.
	I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
	I hereby authorize CenterStaging to thoroughly investigate my references, work record, education and other matters related to my suitability for employment. Further, I authorize the references I have listed to disclose to CenterStaging. Any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release CenterStaging my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
	I understand that nothing contained in this application, or conveyed during any interview that may be granted or during my employment, if hired, is intended to create an employment contract between CenterStaging and myself. In addition, I understand and agree that if I am employed, my employment is at-will and may be terminated at any time, with or without prior notice, at the option of either myself or CenterStaging and that no promises or representations contrary to the foregoing are binding on CenterStaging unless made in writing and signed by me and the President of the Company.
	I understand that prior to finalization of any offer of employment regarding certain job positions, CenterStaging may condition the offer of employment of satisfactory completion of a medical examination and/or a drug screen. I agree to sign a release of medical information authorization form, and to submit to a medical examination and/or drug screen should the employer condition my offer of employment upon successful completion of such an examination or screening.
	Except as required in the performance of my duties, I understand and agree that I will not at any time during or after my employment use, disclose or disseminate any confidential information or any other information of a secret, proprietary, or generally undisclosed nature related to CenterStaging or its products, customers, employees, plans or procedures. I agree to deliver to CenterStaging any and all copies of confidential information, or other CenterStaging property, upon termination of the employment relationship or at any time upon CenterStaging request. I also agree not to solicit employees of CenterStaging either during or for one year after employment to leave this employer and commence work with another company.
	Applicant's Signature:
	Print Name:
	Date: