



PLEASE PRINT OR TYPE ALL INFORMATION REQUESTED EXCEPT SIGNATURE

**Centennial Protection Group, LLC
Independent-Contractor Application Form**

Status: _____
HR Use Only

All applicants will be hired as independent contractors and will be required to complete an Independent-Contractors Agreement.

PLEASE COMPLETE PAGES 1-5.

DATE _____

Name _____

Last First Middle

Present address _____

Number Street City State Zip

How long _____

Telephone () _____ Email Address _____

Are you at least 21 years of age: YES NO Social Security Number: must supply at time of hire

Position applied for (1) _____
and salary desired (2) _____
(Be specific)

Days/hours available to work

No Pref _____ Thur _____
Mon _____ Fri _____
Tue _____ Sat _____
Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Have you been employed or contracted by Centennial Protection Group, LLC in the past?

Dates and Location: _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When are you available to begin work? _____

Are you legally eligible for employment in the United States? YES NO

CERTIFICATIONS (X if currently held) (MD Guard Lic.: ___ PI Lic.: ___ Handgun Permit: ___)

CPR: ___ AED: ___ 1st Aid: ___ OTHER (list) _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME AND/OR CURRENTLY ON PROBATION? YES NO

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed. _____

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION WITH OR WITHOUT REASONABLE ACCOMODATION? YES NO

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LAST NAME: _____ FIRST NAME: _____ MIDDLE: _____

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur
Expiration date _____ Years Driving experience _____

Have you had any accidents during the past five years? YES NO How many? _____

Have you had any moving violations during the past five years? YES NO How Many? _____

Current Points _____

Explain all yes answers to accidents and moving violations:

Please list two references other than relatives or previous employers.

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

Telephone () _____ Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. Attach additional sheets if necessary.

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LAST NAME: _____ FIRST NAME: _____ MIDDLE: _____

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No BRANCH _____ RANK ACHIEVED _____

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

MOS/Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
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How did you learn about Centennial Protection Group? _____

May we contact your present/previous employer(s)? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE: _____

PLEASE READ CAREFULLY

Independent-Contractor Application Waiver



In exchange for the consideration of my **Independent-Contractor Application Form** by Centennial Security and Investigations, LLC (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of independent contractor relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an independent contractor/employee of the Company, or otherwise to change in any respect the at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of the Company. Both the undersigned and the Company may end the independent-contractor relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

I understand that in connection with the routine processing of my Independent-Contractor application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it.

I understand that I am solely responsible for any damages to the Company/Client property, equipment or vehicles and will be required to reimburse the Company for any and all damages found to be caused by my negligent actions and/or behavior.

I authorize and understand that the Company will at times, during my contracted period, review my current driving record and criminal background to ensure compliance with licensing requirements, company policies or procedures.

I further understand that services performed for the Company is that of an Independent-Contractor and shall not constitute an employee/employer relationship whatsoever.

Signature of independent-contractor applicant: _____ **Date:** _____

Application stays on file for 1 year.

This Company is an equal employment opportunity employer. We adhere to a policy of making employment and contract decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for a contractual position with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.