

APPLIANCES · FURNITURE · ELECTRONICS

Employment Application

An equal opportunity employer pre-employment questionnaire

PERSONAL INFORMATION			
Last Name		Social Security Number	
First Name, Middle Initial		Date of Birth *	/ /
Street Address		Phone 1	() –
City, State		Phone 2	() –
Zip Code		Email Address	
How did you hear about Benne	t's and the position?		
Are you 18 or older?	YES NO		
Are you prevented from lawfully	becoming employed in this country due to vi	sa or immigration status?	YES NO
Have you been convicted of a f	elony or misdemeanor in the last 5 years? **		YES NO
Describe:			

EMPLOYMENT DESIRED				
Position Desired			Date you can start	/ /
Full-Time or Part-Time?	FL PT		Wages expected	
Are you employed now?		YES NO		
If so, may we inquire of your pre	esent employer?	YES NO		
Have you ever applied to this co	ompany before?	YES NO		
If you applied to this company b	pefore:	Where?	When?	Referred by:

EDUCATION			
	Name & Location (City, State)	Year completed / Graduate?	Major/Emphasis & Degree earned
High School		9, 10, 11, 12 YES NO	
Business/Tech. School		1, 2, 3, 4 YES NO	
College/University		1, 2, 3, 4 YES NO	
Other applicable training			

GENERAL							
Special skills:							
Subjects of special study or res	Subjects of special study or research work:						
U.S. Military / Naval service?	U.S. Military / Naval service? YES NO Rank						
Present membership?	YES NO	National Guard / Reserves?					

*The Age Discrimination Act in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age. ** You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

EMPLOY	EMPLOYMENT INFORMATION								
List belov	List below your last three employers, starting with last one first								
Date, Month, Year Name, Address, Phone # of Employer Last position and wage Reason for leaving									
From	/	/							
То	/	/							
Job dutie	es/Desc	ription:							

Date, Mon	th, Ye	ear		Name, Address, Phone # of Employer	Last position and wage	Reason for leaving
From	/	/				
То	/	/				~
Job duties	s/Des	criptior	1:	·		

Date, Mon	th, Ye	ar		Name, Address, Phone # of Employer	Last position and wage	Reason for leaving
From	/	/				
То	/	/				
Job duties	/Desc	cription	:			

REFERENCES			
Name	Address	Business	Years Acquainted

PHYSICAL RECORD							
Do you have any physical limitations that preclude you from performing any work for which you are being considered? YES NO							
If yes, please describe:							
If yes, what can be done to acc	ommodate your limitation?						
In case of emergency, please notify	Name	Phone Number () –	Address				

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this

application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand, and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice."

Date	/	/	Signature X	
			•	

DO NOT WRITE BELOW									
Interviewed by:	Date	/	/	Hired	YES	NO	Position		
	ł			•			Department		
							Salary/Wage		
							Date reporting to work	/	/