

Benchmark, LLC

Employment Application DATE: _____	Benchmark<, LLC. IS AN EQUAL OPPORTUNITY EMPLOYER and fully subscribes to the principles of Equal Employment Opportunity. Benchmark ensures that all applicants and employees are considered for hire, promotion and job status, without regard to race, religion, national origin, age, sex, or physical or mental challenge.
---	--

NAME (FIRST) (FULL MIDDLE NAME-NOT INITIAL) (LAST) _____ ADDRESS _____ PREVIOUS ADDRESS _____ CITY, STATE, ZIP _____ TELEPHONE NUMBER AREA CODE () - () - _____ SS NO. & PLACE OF BIRTH (CITY/STATE): SSN: _____ CITY/STATE: _____	Check the Type of Employment You Desire <input type="radio"/> Full Time <input type="radio"/> Part Time Check the Type of Work You Desire <input type="radio"/> Clerical <input type="radio"/> Technician <input type="radio"/> Professional Specifically describe the position for which you would like to be considered. _____ _____ _____ Are you willing to work overtime? <input type="radio"/> Yes <input type="radio"/> No Are you willing to travel? <input type="radio"/> Yes <input type="radio"/> No Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are You 18 Years of Age or Older? <input type="radio"/> Yes <input type="radio"/> No Have You Ever Been Convicted of a Felony? <input type="radio"/> Yes <input type="radio"/> No Are There Any Felony Charges Pending Against You Now? <input type="radio"/> Yes <input type="radio"/> No Do You Have a Valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Points in the Last 3 Years: _____ Do you have a COL? <input type="radio"/> Yes <input type="radio"/> No	Work Site Preference _____ Starting Salary Desired _____ Date You Will Be Available for Work _____ EMERGENCY CONTACT: NAME: _____ PHONE NO: _____
U.S. Armed Forces Service? <input type="radio"/> Yes <input type="radio"/> No Honorable Discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No Dates of Service- From/To _____ Branch of Service _____ _____	REFERRED BY: _____ HOW DID YOU HEAR ABOUT Benchmark, LLC. ? _____

Have you previously executed a non-compete agreement? If so, with whom? Yes <input type="radio"/> No	EMPLOYER _____ POSITION _____
---	----------------------------------

EDUCATION				
TYPE OF	NAME & LOCATION OF SCHOOL	TELEPHONE NUMBER	DID YOU	DEGREE RECEIVED
High School		(Area Code)		
Technical, Business, or Other		(Area Code)		
College or University		(Area Code)		
Post Graduate		(Area Code)		
Seminars		(Area Code)		
Scholastic Standing (Grade Point Avg.)	<input type="checkbox"/> In High School <input type="checkbox"/> In College		COLLEGE MAJOR _____	

PREVIOUS EMPLOYMENT. (MUST BE COMPLETED) Give full description, starting with your most recent employment. IF NOT CONTINUALLY EMPLOYED, INDICATE PERIODS OF UNEMPLOYMENT. Enter U.S. Military Service as a position, indicating date and type of discharge.

FIRM/COMPANY	DATES OF EMPLOYMENT		PAY RATE	POSITION HELD <small>-Indicate Major Responsibilities and Accomplishments-</small>	REASON FOR LEAVING
NAME	FROM	TO	TO START		
CITY/STATE	TO	UPON LEAVING			
TELEPHONE NUMBER (AREA CODE)					
IMMEDIATE SUPERVISOR					
NAME				FROM	TO
CITY/STATE	TO	UPON LEAVING			
TELEPHONE NUMBER (AREA CODE)					
IMMEDIATE SUPERVISOR					
NAME				FROM	TO
CITY/STATE	TO	UPON LEAVING			
TELEPHONE NUMBER (AREA CODE)					
IMMEDIATE SUPERVISOR					
NAME				FROM	TO
CITY/STATE	TO	UPON LEAVING			
TELEPHONE NUMBER (AREA CODE)					
IMMEDIATE SUPERVISOR					

List your present interests, hobbies, and outside activities.

Please note below any special activity, special experience, awards, or other information that may help us to understand your skills and abilities that will be helpful on this job.

PERSONAL REFERENCES: Give names, addresses, and occupations of at least three people who have known you during the past five years. Do not give the names of former employers or relatives.

NAME	ADDRESS	TELEPHONE NUMBER	OCCUPATION

CONVICTION DATA SHEET

This portion of your application **MUST** be completed. It will be used only when the information is relevant to your application.

Name	Last	First	M.I.	Social Security Number
------	------	-------	------	------------------------

Have you ever been convicted of a felony or convicted of a lesser crime within the last five years? Do not include arrests without conviction, charges expunged, convictions adjudged "youthful offender" or "juvenile", or convictions for minor traffic violations.

- Yes No

If yes, please briefly describe the circumstances of your conviction and your name at that time; indicating the date, nature, and place of the offense and disposition of the case including any rehabilitation. Your answer is looked upon as only one of the factors considered in the employment decision and is evaluated in terms of the nature, severity, and date of the offense.

Signature of Applicant

Date

APPLICANTS CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY:

1. **Certification of Truthfulness.**

I hereby affirm that my answers to these statements and questions are true and correct to the best of my knowledge. I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I certify that I have filled out this Application for Employment completely and that all statements are made truthfully and without evasion, and further I understand and agree that such statements may be investigated and if found to be false will be sufficient reason for not being employed, or if employed may result in my dismissal.

2. **Authorization for Employment/Educational Information.**

I authorize the references listed in the Application for Employment, and any prior employer, educational institution, or any other persons or organizations to give this Company any and all information concerning my previous employment/educational accomplishments, disciplinary information, or any other 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 hereby waive written notice that employment information is being provided by any person or organization.

3. **Employment at Will.**

If I am hired, in consideration of my employment, I agree to abide by the rules and policies of this Company, including any changes made from time to time, and agree that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that no manager or other representative of the company, other than the owners, has any authority to enter into any agreement for employment for any specific or indefinite period of time, or to make any agreement contrary to the foregoing. I understand that any such agreement by the owners must be made in writing to be effective. I understand that this application is not a contract of employment.

4. **Authorization to Work.**

If I am selected to hire I will be offered employment provided I verify that I am authorized to work as required by the Immigration Reform and Control Act of 1986.

5. **Limitations on Claims.**

I agree that any action of suit against the Company arising out of my employment or termination of employment, including but not limited to claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claim or be forever barred. I waive any statute of limitations to the contrary.

6. Need for Accommodations.

If I am a handicapped individual who requires an accommodation to perform the job, I must notify the Company of that need with 182 days after I knew or reasonably should have known that an accommodation was needed. Failure to do so will bar me from alleging that the Company has not accommodated me as required by law.

7. Criminal/Driving Records Check.

I agree to execute an authorization for this employer to secure criminal conviction history and/or driving records from the appropriate law enforcement agency, should the Company determine it is necessary to do so.

5. Release of Medical Information.

I authorize every medical doctor, physician or other healthcare provider to provide any and all information, including but not limited to, all medical reports, x-rays or clinical abstracts relating to my previous health history or employment in connection with any examination, consultation, test, or evaluation. I hereby release every medical doctor, healthcare personnel and every other person, firm, officer, corporation, association, organization or institution which shall comply with the authorization or request made in this respect from any and all liability. I understand that this release will not be sent to my physician or other health care provider until a job offer has been made.

9. Physical Exam and Drug and Alcohol Testing.

I agree to take a physical exam and authorize the Company or its designated agent(s) to withdraw specimen(s) of my blood, urine or hair for chemical analysis. One purpose of this analysis is to determine or exclude the presence of alcohol, drugs or other substances. I understand that decisions concerning my employment will be made as a result of this test. The Company further reserves the right to engage in post employment Drug/Alcohol testing at its discretion.

10. Credit Report.

I understand that the Company may request a consumer report or an investigative consumer report, including information as to my character, general reputation, personal characteristics and mode of living for general purposes of evaluating my application for employment. I further understand that I may request from the Company a complete and accurate disclosure of the nature and scope of the investigation requested. I consent to furnishing of such report to the Company.

11. Consideration for Employment

I understand that my application will be considered pursuant to the Company's normal procedures for a period of sixty (60) days and on file for a period of one year. If I am still interested in employment thereafter, I must reapply.

12. Physical Capability.

To the best of my knowledge I am physically able to perform the functions of the job for which I am applying.

I have read and understand and agree with items one (1) through twelve (12) above and acknowledge that with signature below.

Applicant's Signature

Date