



EMPLOYMENT APPLICATION

An Equal Opportunity Employer - Pre-Employment Questionnaire

PERSONAL INFORMATION

DATE ___ / ___ / ___

NAME _____ SOCIAL SECURITY NUMBER - - -

LAST FIRST MIDDLE

PRESENT ADDRESS _____

STREET CITY STATE ZIP

PERMANENT ADDRESS _____

STREET CITY STATE ZIP

PHONE NUMBER () - ARE YOU 18 YEARS OR OLDER? YES NO DATE OF BIRTH* / /

HOW DID YOU HEAR ABOUT BENNET'S APPLIANCE CENTERS, INC. AND THE POSITION? _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY DUE TO VISA OR IMMIGRATION STATUS? YES NO

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 5 YEARS? ** YES NO DESCRIBE: _____

EMPLOYMENT DESIRED

POSITION FULL - TIME PART - TIME DATE YOU CAN START / / WAGES EXPECTED

ARE YOU EMPLOYED NOW? YES NO IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? YES NO

IF YOU HAVE APPLIED TO THIS CO. BEFORE: WHERE? WHEN? REFERRED BY

EDUCATION

EDUCATION	NAME AND LOCATION (CITY, STATE)	NO. OF YRS. ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
BUS. / TECH. SCHOOL				
COLLEGE				
GRADUATE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL SKILLS

U.S. MILITARY OR NAVAL SERVICE RANK PRESENT MEMBERSHIP IN NATIONAL GUARD OR 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.

EMPLOYMENT EXPERIENCE (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE, MONTH AND YEAR	NAME, ADDRESS, PHONE OF EMPLOYER	LAST POSITION AND WAGE	REASON FOR LEAVING
FROM / /			
TO / /			

JOB DUTIES / DESCRIPTION:

DATE, MONTH AND YEAR	NAME, ADDRESS, PHONE OF EMPLOYER	LAST POSITION AND WAGE	REASON FOR LEAVING
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FROM / /			
TO / /			

JOB DUTIES / DESCRIPTION:

REFERENCES (GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR).

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

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 ACCOMODATE YOUR LIMITATION?

IN CASE OF EMERGENCY, PLEASE NOTIFY:

NAME	ADDRESS	PHONE NO.

" 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

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: DATE / /

HIRED YES NO POSITION DEPARTMENT

SALARY / WAGE DATE REPORTING TO WORK / /