

BENCHMARK

LANDSCAPE CONSTRUCTION INC.

9600 Industrial Parkway Plain City, Ohio 43064 (614) 462-8080 Fax: (614) 873-8080

APPLICATION FOR EMPLOYMENT

(An Equal Opportunity Employer)

PERSONAL INFORMATION:			DATE: _____
Name:		Social Security #:	
Address:		Telephone:	
City:	State:	Zip Code:	Mobile/Pager:
Email Address:			

Are you 18 years or older: Yes ___ No ___ If not, can you provide us with a work permit: _____
Are you legally eligible to work in the U.S.: Yes ___ No ___ Can you submit legal verification: Yes ___ No ___
Do you hold a valid driver's license? Yes ___ No ___ State: _____ License #: _____
Do you hold a CDL Classification? A ___ B ___ C ___
Do you have any accidents/violations/points currently on your license? Yes ___ No ___ # of Points _____
Have you ever pleaded "guilty", "no contest", or been convicted of a felony? Yes ___ No ___
Have you ever been convicted of a crime related to alcohol or drugs? Yes ___ No ___
Explain if any of the above are yes: _____

EMPLOYMENT DESIRED:	Wage Desired: _____
Type of employment desired: Full-Time, Part-Time, Temporary, Seasonal	
Have you ever worked or applied at this company before? _____	
Are you currently employed? _____ May Benchmark inquire of your present employer? _____	
Date you can start: _____ Referred By: _____	

EDUCATION:	Years Completed	Graduated	Subjects Studied:
High School:		yes___ no___	
College:		yes___ no___	
Tech/Voc.:		yes___ no___	
	Rank	Reserves	Job Description
U.S. Military Branch:		yes___ no___	
Special Skills/Activities: _____			

PERSONAL REFERENCES:	(List three persons not related to you)		
Name:	Telephone:	Years Known:	Relationship:
1.			
2.			
3.			
May Benchmark contact these persons regarding your prospective employment? Yes: _____ No: _____			

Employment History (List most recent positions first)

If currently employed can we contact your employer?

EMPLOYER:	DATE:
Employer: _____	From: _____ To: _____
Address: _____	Year: _____ Mo: _____ Year: _____ Mo: _____
City: _____ State: _____ Zip Code: _____	Position Held: _____
Responsibilities/Duties: _____	Starting Salary/Wage: _____
Skills learned: _____	Ending Salary/Wage: _____
Contact person & phone number: _____	Reason for leaving: _____
May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Were you subject to the Federal Motor Carrier Safety Regulations while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes to above question, was your job designated as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements. Yes <input type="checkbox"/> No <input type="checkbox"/>	

EMPLOYER:	DATE:
Employer: _____	From: _____ To: _____
Address: _____	Year: _____ Mo: _____ Year: _____ Mo: _____
City: _____ State: _____ Zip Code: _____	Position Held: _____
Responsibilities/Duties: _____	Starting Salary/Wage: _____
Skills learned: _____	Ending Salary/Wage: _____
Contact person & phone number: _____	Reason for leaving: _____
May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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Skills learned: _____	Ending Salary/Wage: _____
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Driver Verification of Multiple Employers

Are you currently working for another company, where you are a driver? Yes No

If employed by Benchmark Landscape Construction Inc. do you intend to work for another company where you drive as part of the job? Yes No If yes, please explain _____

"I certify that all the information submitted by me on this application is true & complete, and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without causes or notice, at anytime. I also understand and agree that the terms and conditions of my employment maybe changed, with or without cause or notice, at any time by the company."

Signature of Applicant

Date:

OFFICE USE ONLY: (Do not write below this line)	Interviewed by: _____	Date: _____
Comments: _____		
Salary/Wage: _____	Hiring Potential: Yes _____ No _____ Maybe _____	
Positives: _____	Negatives: _____	