## **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 INFORMA	TION:	D.	ATE:
Name:		So	cial Security #:
Address:		Те	lephone:
City:	State: Zip Code:	M	obile/Pager:
Email Address:			
Are you legally eligible to Do you hold a valid drive Do you hold a CDL Classed Do you have any accidere Have you ever pleaded "Have you ever been converted."	r: Yes No If not, can yo to work in the U.S.: Yes No Star Ser's license? Yes No Star Serication? A B C Ints/violations/points currently of guilty", "no contest", or been covicted of a crime related to alcohole we are yes:	Can you submit legal te: License #: on your license? Yes onvicted of a felony? Ye old or drugs? Yes N	verification: Yes No No # of Points es No
Have you ever worked o	sired: Full-Time, Part-Time, Te or applied at this company befor oyed? May Benchma start:	re?ark inquire of your pres	sent employer?
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 REFERENCE		rsons not related to you	
	, 1	,	,
Name:	Telephone:	Years Kn	own: Relationship:
1. 2.			
3.			
J.			
May Benchmark contact	these persons regarding your p	rospective employmen	?? 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:			
City: Zip Code: Zip Code:				
Responsibilities/Duties:				
1	Ending Salary/Wage:			
Skills learned:	Reason for leaving:	Reason for leaving:		
Contact person & phone number:				
May we contact this employer for a reference? Yes	D No D			
Were you subject to the Federal Motor Carrier Safety Regu				
If yes to above question, was your job designated as a safet	ty consitive function in any DOT regulator	/ 🔲 I mode cubiect		
to drug and alcohol testing requirements.  Yes		i mode subject		
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City: State: Zip Code:				
Responsibilities/Duties:				
Skills learned:	Ending Salary/Wage:			
Contact person & phone number:	Reason for leaving:			
May we contact this employer for a reference? Yes				
May we contact this employer for a reference? Yes Were you subject to the Federal Motor Carrier Safety Regu	lations while employed? Yes 🔲 No			
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Signature of Applicant			Date:	
OFFICE USE ONLY: (Do not write below this line)	Interviewed by:		Date:	
Comments:				
Salary/Wage:	Hiring Potential: Yes	No	Maybe	
	egatives:			