

to

Application for Employment

Ben's considers all applicants for employment without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, handicap or disability, national origin, military/veteran status or special disabled veteran, or any other protected classification, in accordance with applicable federal, state or local laws. In addition, Ben's complies with applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities. Ben's also provides "reasonable accommodations" to qualified individuals with disabilities, in accordance with the American Disabilities Act and applicable state and

ocal laws.								
Position Applied For:						Date:		
Last Name: First Name:					Store:	Store: Manager:		
Current Addres	s:		Apt #	Apt#				
City:		State:	Zip:	Zip:				
Telephone Num	nber:		Email:	Email:				
Do you want to wo	ge of 18? □Yes □No ork? □ Full Time □Part ays and hours you can w	Time Are you will		-	verification that you le as necessary? Ye		age.	
			Th		Pulde	Catumdan	Cda	
Monday	Tuesday	Wednesday	Thur	sday	Friday	Saturday	Sunday	
Are you authorized All employers *Federal Law requires ubject to verification o	I to work for all employed Current employer only that employers hire only indirect the applicants identity and extraction upon employment.	ers in the United State Y Viduals who are authorized temployment authorization, a	to be lawfull and it will be	y employed necessary f	in the United States. In con	npliance with such laws, all		
		REC	ORD OF	EDUCAT	ON			
SCHOOL NAME		CITY/STATE		RSES OF UDY	HOW MANY YEARS COMPLETED	DID YOU GRADUATE?	DIPLOMA OR DEGREE RECEIVED	
						☐ YES ☐ NO		
						☐ YES ☐ NO		
	PRIOR WORK HISTOR	Y (List in order: last or	current e	mplover f	irst) Account for any s	gaps in your employm	ent	
DATES	NAME & ADDRESS OF EMPLOYER			WHAT DID YOU DO?			REASON FOR LEAVING	
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MILITARY SERVICE RECORD Have you ever served in the U.S. Armed Forces? ☐ Yes ☐ No									
SKILLS (that you believe are related to the job for which you are applying) Would you be willing to drive if required for the job? ☐ Yes ☐ No Do you have a clean, valid N.Y.S driver's license? ☐ Yes ☐ No									
Are there any other experiences, skills, licenses, certificates or abilities that you feel especially qualify you for work with our company? Yes No If yes describe:									
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	NAME	OCCUPATION	DATES KNOWN	ADDRESS	TELEPHONE				
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		(Please read carefull	_						
I unders	tand and agree that:	(i icase read carerun	y and sign the state	inent below)					
1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during my interviews, can be justification of refusal of									
employment, or, if employed termination from Ben's employ.									
 I understand that as a condition of employment, I may require to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of Ben's. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to Ben's. 									
3. In processing my application for employment, the company may verify all the information provided by me. I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record. This may include a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.									
4.	4. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the company and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the company or myself. I further understand that no manager or representative of the company, other than the President, has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by the individual designated above.								
5. I WILL MAINTAIN A POSITIVE WORK ATMOSPHERE BY BEHAVING AND COMMUNICTING IN A MANNER SO THAT I GET ALONG WITH CUSTOMERS, CO-WORKERS AND SUPERVISORS AND WORK AS A TEAM PLAYER GIVING EXCEPTIONAL CUSTOMER SERVICE.									
MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE TERMS.									
Signature: Name (print) Date:									
FOR STORE USE ONLY COMMENTS									