



EMPLOYMENT APPLICATION

Date: _____ / _____ / _____

Name: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Present Address: _____
Street City State Zip Code

Permanent Address: (if different from present address)

Street City State Zip Code

E-mail address: _____

Position applying for: _____ Salary desired: _____

Applying for: regular full-time work regular part-time work temporary work

What days and hours are you available for work? _____

Are you available for work on weekends? Yes No

Would you be available to work overtime? Yes No

Are you available to travel? Yes No

What percentage of time? 25% 50% 75%

What date are you available to start? _____

Are you at least 18 years of age? Yes No

Have you ever applied to or worked at BendPak? Yes No

If yes, when _____

Do you have any friends or relatives working for BendPak? Yes No

If yes, state name and relationship Name _____
Relationship _____

If hired, would you have a reliable means of transportation to and from work? Yes No

If hired, can you present evidence of your U.S. citizenship, or proof of your legal right to live and work in the United States? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodations? Yes No

If no, describe the functions you cannot perform _____

Note: We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions.

Are you currently employed? Yes No

If so, may be contact your current employer? Yes No

How were you referred to BendPak?

Walk in

Advertisement Publication/Website: _____

BendPak Employee Employee name: _____

Other Describe: _____

EDUCATION, TRAINING AND EXPERIENCE

Type of School	Name of School	City, State	Diploma or Degree Indicate BA/BS, etc.	Major or field of study
High School				
College/University				
Vocational/Business				
Certificate Program				
Other				

Have you obtained any special skills/abilities as the result of service in the military? Yes No N/A

If yes, describe: _____

Do you speak or write any foreign language(s)? Yes No

What language(s)? _____

Operate Personal Computer? Yes * No * What Software? _____

List other office machines you can operate: _____

Specific skills or training: What knowledge, special skills and/or individual capabilities do you have which especially prepare you for the position applied for? _____

EMPLOYMENT HISTORY

List below all present and past employment. Please start with your most recent employer (the last 10 years is sufficient). **You must complete this section even if you are attaching a resume.** Attach an additional sheet if needed. Please account for all periods of unemployment in the separate section below.

Name of Employer			
Address			
	<i>Street</i>	<i>City</i>	<i>State</i> <i>ZIP</i>
Phone		Manager	
Start Date		End Date	
Position/Title		Type of Business	
Hourly rate or Salary	<i>Starting</i>	<i>Ending</i>	
Reason for leaving			
What was the most important skill you demonstrated at this job?			

Name of Employer			
Address			
	<i>Street</i>	<i>City</i>	<i>State</i> <i>ZIP</i>
Phone		Manager	
Start Date		End Date	
Position/Title		Type of Business	
Hourly rate or Salary	<i>Starting</i>	<i>Ending</i>	
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Phone		Manager	
Start Date		End Date	
Position/Title		Type of Business	
Hourly rate or Salary	<i>Starting</i>	<i>Ending</i>	
Reason for leaving			
What was the most important skill you demonstrated at this job?			

PERIODS OF UNEMPLOYMENT

Please account for all periods of unemployment within the last seven (7) years.

Start Date		End Date	
Reason			
Start Date		End Date	
Reason			

REFERENCES

List below 2 persons not related to you who have knowledge of your work performance within the last 3 years.

Name			
Address			
	<i>Street</i>	<i>City</i>	<i>State</i> <i>ZIP</i>
Phone		Email address	
Occupation		Number of years acquainted	

Name			
Address			
	<i>Street</i>	<i>City</i>	<i>State</i> <i>ZIP</i>
Phone		Email address	
Occupation		Number of years acquainted	

APPLICANT STATEMENT AND ACKNOWLEDGEMENT

(PLEASE BE SURE TO READ THE MATERIAL BELOW, AND SIGN WHERE INDICATED)

I certify that the information in this application and any attachments is true and correct to the best of my knowledge. I understand that any incorrect, incomplete, false or misleading statement, answer or information will subject my application to disqualification from further consideration, or if employed, may subject me to termination of employment. I hereby agree that the Company may investigate my qualifications with previous employers, personal references and other background security or criminal conviction records. I understand my employment with the Company is terminable at-will and would not be for any fixed period of time, and I may resign at any time for any reason or the Company may terminate my employment at any time for any reason with or without notice, and that this application is not and is not intended to be a contract for continued employment. I understand that according to law all individuals who are hired must as a condition of employment produce certain documentation to verify their legal authorization to work in the US. As a consequence, I understand that an offer of employment, (and continued employment) would be contingent on my ability to produce the required documentation within the time period required by law. I have read and understand all of the provisions of this statement and acknowledgement. By signing this application, I hold the Company harmless from any result of the reference and background check. I hereby authorize and release from liability all former employers, educational institutions, law enforcement agencies or other government agencies to provide or release information regarding my employment, education, criminal conviction record, credit history, driver's license, and motor vehicle records that may be in their possession to the Company or its agents. I further understand that any offer of employment or my acceptance (and continued employment) is conditioned upon several criteria, including my satisfactorily passing certain laboratory test (including test for substance abuse), which may be required by the Company and verification of identity and authorization to work in the United States. I acknowledge that offers of employment may only be made in writing by an authorized representative of the Human Resources Department, or the President of the Company.

N a m e (p l e a s e p r i n t)

Signature

Date