



EMPLOYMENT APPLICATION

APPLICANT INSTRUCTIONS:

If you need help filling out this application form or for any phase of the employment process, please notify Bennett Landscape by calling (310) 534-3543 and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE" below.
2. Complete all requested information. Failure to do so may result in disqualification of your application.
3. If more space is needed to complete any question, use comments section at the bottom of this page.
4. Print clearly; incomplete or illegible applications will not be processed. Please note "Not Applicable" if not answering a question.

APPLICANT NOTE:

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

GENERAL INFORMATION:

POSITION APPLIED FOR: _____ TODAY'S DATE: _____

NAME: _____
Last First MI

SOCIAL SECURITY NUMBER: _____

PHONE NUMBERS: HOME: _____ CELL: _____ WORK: _____

CURRENT ADDRESS: _____
Street Unit

City State Zip

PRIOR ADDRESS: _____
Street Unit

City State Zip

AVAILABILITY:

What date can you start? _____

What category would you prefer? Full-Time Part-Time Temporary Labor Pool

For which schedules are you available? Weekdays Weekends Evenings Overtime Other _____

* Reasonable efforts will be made to accommodate sincerely held moral & ethical beliefs, (WI) religious beliefs & practices (All other States)

SECURITY:

List states and counties of residence for the past seven years: _____

Yes No Have you used any names or Social Security Numbers other than given above?
If so, please explain. _____

Yes No Have you been convicted of a crime in the past seven years? If so, please describe in the boxes below. Applicant is not obligated to disclose any reference to a pre or post trial diversion program, any conviction which has been sealed, expunged or erased by the court, or, if in California, any marijuana related misdemeanor conviction entered more than two years prior to the date of this employment application. (Conviction will not necessarily be a bar to employment. In accordance with company policy and applicable state and federal laws, factors such as age at time of the offense, remoteness of the offense, time since last conviction, nature of the job sought and rehabilitation effort will be reviewed.)

INCIDENT	CITY/STATE	CHARGE
1		
2		

EDUCATION:**Note:** Do not fill out any part of this section you believe to be non-job related.

Please circle highest grade completed: 7 8 9 10 11 12 13 14 15 16 16+

If your school records are under a different name than listed on page 1, please enter that name _____

Name	City/State	Graduated	Degree Type
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	

JOB-RELATED SKILLS Yes No If the job requires, do you have the appropriate, valid drivers license?

Name on license _____ DL# _____ Type _____ State of Issue _____

 Yes No Have you had any moving violations within the last seven years?

Please describe. _____

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company.

PREVIOUS EMPLOYERS:**Please Note:** Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the **correct telephone numbers of past employers are critical**. For employers outside the U.S., a current fax number is mandatory.

Most Recent Employer:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently working for this employer?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, may we contact?
Company Name _____	Address _____	City _____ State _____ Zip _____
From _____ To _____	Per _____	Phone #: _____
Dates Employed _____	Salary _____ (Hour, Week, Month)	Fax #: _____
Job Title _____	Supervisor's Name _____	
Duties Performed _____		
Reason for Leaving _____		
Second Most Recent Employer:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently working for this employer?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, may we contact?
Company Name _____	Address _____	City _____ State _____ Zip _____
From _____ To _____	Per _____	Phone #: _____
Dates Employed _____	Salary _____ (Hour, Week, Month)	Fax #: _____
Job Title _____	Supervisor's Name _____	
Duties Performed _____		
Reason for Leaving _____		
Third Most Recent Employer:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently working for this employer?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, may we contact?
Company Name _____	Address _____	City _____ State _____ Zip _____
From _____ To _____	Per _____	Phone #: _____
Dates Employed _____	Salary _____ (Hour, Week, Month)	Fax #: _____
Job Title _____	Supervisor's Name _____	
Duties Performed _____		
Reason for Leaving _____		

ADDITIONAL COMMENTS

If there is any further information you would like to add, or if you needed further space for any of the above questions, please complete here.

Empty space for additional comments with horizontal lines.

DRIVER RELEASE

Note: Please complete the following information if you are interested in driving for our company and have a valid driver's license.

This form will serve as notice that the individual described herein has applied for a position with our company, and by submitting an application for employment does hereby authorize Bennett Enterprises, Inc. and any and all Insurance Companies to determine whether applicant will be insurable.

Full Name: _____ Date of Birth: _____
Last First Middle

Driver's License #: _____ State Licensed: _____ Expiration: _____

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I hereby acknowledge that Bennett Enterprises, Inc. is not in the practice of hiring individuals under the age of 21, and that if it is determined that I am uninsurable, and that if granted a position, agree to disengage employment should it be determined at a later date that I am no longer insurable. In conclusion, I agree that my employment shall be considered only after it is concluded that I am insurable.

Signature _____ Date _____