

Please Print All
Information Required
Except Signature

Senior Benefit Inc

Application for Employment

Please Complete
Pages 1-3

Senior Benefit Inc. is an equal opportunity employer. We are committed to our policy of providing equal employment opportunity to employees and job applicants in a manner consistent with applicable laws and regulation, including federal laws prohibiting employment discrimination on the bases of race, color, creed, national origin, sex, age, disability, or genetic information.

Date: _____

Name: _____
Last First Middle

Please list any alias: _____

Present Address: _____
Number Street City ST Zip

Telephone: () _____ Cell Phone: () _____

Are you 18 years of age or older? Yes No

Are you a US citizen or approved to work in the United States? Yes No

Position applied for (1) _____ and salary desired (2) _____
(Be Specific)

Will you consent to a mandatory controlled substance test? Yes No

How many hours can you work weekly? _____ Can you work nights? Yes No

Employment desired: Full-Time Only Part-Time Only Full- or Part-Time Only

When would you be available for work? _____ How did you hear about this position? _____

Best time to contact: AM _____ PM _____

Type of School	Name of School	Location (City, State)	Number of Years Completed	Major / Degree
High School				
College				
Business or Trade School				
Professional School				

Military

Have you ever been in the Armed Forces? Yes No

Are you now a member of the National Guard? Yes No

Specialty: _____ Entered Date: _____ Discharge Date: _____

Have you ever applied to or worked for Senior Benefit Inc before? Yes No If yes, when: _____

Do you have any friends, relatives, or acquaintances working for Senior Benefit Inc? Yes No

If yes, state name & relationship: _____

Have you been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case. _____

No applicant will be denied employment solely on the grounds of conviction of criminal offense. The date of the offense, the nature of the offense, including any significant details that effect the description of the event(s), and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.

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Work Experience

Please list your work experience for the past seven (7) years beginning with your most recent job held.

May we contact your current employer? Yes No

Name of Employer: _____	Name of last Supervisor: _____
Address: _____	Employment dates From: _____ To: _____
City, State, Zip: _____	
Telephone: () _____	Your last job title: () _____
Reason for leaving: (be specific) _____	
List the jobs you held, duties performed, skills used or learned, advancements or permutations while you work at the company. _____	

Name of Employer: _____	Name of last Supervisor: _____
Address: _____	Employment dates From: _____ To: _____
City, State, Zip: _____	
Telephone: () _____	Your last job title: () _____
Reason for leaving: (be specific) _____	
List the jobs you held, duties performed, skills used or learned, advancements or permutations while you work at the company. _____	

Name of Employer: _____	Name of last Supervisor: _____
Address: _____	Employment dates From: _____ To: _____
City, State, Zip: _____	
Telephone: () _____	Your last job title: () _____
Reason for leaving: (be specific) _____	
List the jobs you held, duties performed, skills used or learned, advancements or permutations while you work at the company. _____	

Please list 3 personal references not relatives or previous employers

Name: _____	Telephone: () _____
Years known: _____	

Name: _____	Telephone: () _____
Years known: _____	

Name: _____	Telephone: () _____
Years known: _____	

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Application for Employment

Is there anything you would like to tell us?

The relationship between you and Senior Benefit Inc is referred to as "employment at will". This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or Senior Benefit Inc. No representative of Senior Benefit Inc has authority to enter into any agreement contrary to the foregoing "employment at will" You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for written statement signed by you and P. Danny Haire President

I understand that a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews will be required after a conditional offer of employment has been made.

I understand that a drug test will be required after a conditional offer of employment has been made.

Signature of applicant: _____ **Date:** _____

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

Do not write below this line

Interviewed By: _____ Date: _____

Remarks: _____

Neatness: _____ Ability: _____

Interviewed By: _____ Date: _____

Remarks: _____

Neatness: _____ Ability: _____

Hired: Yes No Position: _____

Salary/Wage: _____ Date reporting to work: _____

Approved By: _____