



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Company Name _____ Position Applied For _____

PERSONAL INFORMATION

Name: _____ Social Security Number: _____ / _____ / _____

Address: _____

****WE WILL MAIL YOUR W-2 TO THE ADDRESS ABOVE****

Home Phone Number _____ Cell Phone Number _____

Are you under 18 years of age? Yes No Driver's License Number & State _____

Type of Employment Desired? Full Time Part Time Temporary

Have you ever been convicted of a felony? Yes No IF YES, list dates and offenses _____

EDUCATION

Name and Location of School	Circle Last Year Completed				Did you Graduate?		Subjects Studied Degree(s) Received
	1	2	3	4	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
High School					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Trade, Business or Correspondence School					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
College					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Special Qualifications:							

REFERENCES

List three people we may contact who are qualified to evaluate your capabilities (do not include relatives). Former Supervisors preferred.

Name	Address or Business	Years Known	Telephone Number
1.			
2.			
3.			

EMPLOYMENT BACKGROUND

From: _____ To: _____ Employer: _____
Address: _____ Telephone: (_____) _____
Job Title: _____ Supervisor and Title: _____
Job responsibilities: _____ Reason for Leaving: _____
Hour Rate/Salary: Start \$ _____ per _____ Final \$ _____ per _____

From: _____ To: _____ Employer: _____
Address: _____ Telephone: (_____) _____
Job Title: _____ Supervisor and Title: _____
Job responsibilities: _____ Reason for Leaving: _____
Hour Rate/Salary: Start \$ _____ per _____ Final \$ _____ per _____

From: _____ To: _____ Employer: _____
Address: _____ Telephone: (_____) _____
Job Title: _____ Supervisor and Title: _____
Job responsibilities: _____ Reason for Leaving: _____
Hour Rate/Salary: Start \$ _____ per _____ Final \$ _____ per _____

CONDITIONS OF EMPLOYMENT

Employee acknowledges and understands that:

- 1.) BenCo, Inc. provides contract services to client subscribers and acts as a special employer of the employee under the conditions stated below.
- 2.) BenCo, Inc. will be responsible for payroll, withholding, and timely payment of all applicable employer and employee statutory taxes and insurance to include Social Security, Unemployment, and Workers Compensation.
- 3.) This employment is at the mutual consent of the employee and employer. Consequently, both employer and/or employee may terminate this employment relationship at any time, with or without cause or notice.
- 4.) As co-employer, BenCo, Inc. agrees to enter an employer relationship with employee as outlined in employee handbook. The annual W-2 form will list BenCo, Inc. as the employer.
- 5.) This agreement is the entire agreement and understanding between the employee and employer and there are no other representations, warranties, terms, or conditions made by either party except those in this agreement.
- 6.) In the event of a work related injury, I consent to a drug/alcohol testing if required by my employer.

Compensation will commence on _____ / _____ / _____ at the rate of:

I understand and agree that any consequential omissions or misrepresentations made by me on this application will be sufficient cause for cancellation of this application and/or termination by employer. I understand that the company reserves the right to terminate my employment at any time, with or without cause and without prior notice and that I am free to resign at any time with or without prior notice. I understand that no representative of the company has the authority to make any assurances to the contrary.

ACKNOWLEDGEMENT OF HANDBOOK

I acknowledge receipt of the Employee Handbook and in consideration of my employment agree to read and abide by the rules and policies contained in the Handbook. Since the information, policies, and benefits described in this Handbook may be subject to change, I understand and agree that any changes can be made by the company in its sole and absolute discretion, and that material changes will be made known to employees through the usual methods of communication within a reasonable period of time.

Employee Signature _____

Date _____

Employer Signature _____

Date _____

\$ _____ /hour OR \$ _____ /pay period

