## **EMPLOYMENT APPLICATION**



## (PLEASE FULLY COMPLETE)

Space For	
Picture	

PERSONAL INFORMATION				
LAST NAME:		PERSONAL ADDRESS	S:	
FIRST NAME:				
SOCIAL SECURITY NO:				
MARITAL STATUS:		_ CELLULAR:		
DATE OF BIRTH: D/M/Y	AGE:	NATIONALITY:		
DESIRED EMPLOYMENT				
POSITION:		SALARY DESIRED (W		
DATE YOU CAN START:		FULL TIME		PART TIME:
ARE YOU WILLING TO DO O				
DO YOU POSSESS A VALID D	RIVERS LICENSE?			
LIST THE CLASS THAT YOU A				
CAN YOU OPERATE ANY TYPE				
LIST KNOWLEDGE OF ANY C	OMPUTER PROGRAM YO	OU ARE FAMILIAR WITH	:	
FRUCATION	_			
SCHOOLS ATTENDED		DATES ATTENDED		DEGREE CONCENTRATION
		DATES ATTENDED		DEGREE CONCENTRATION
PRIMARY:SECONDARY:				
COLLEGE:				
TRADE SCHOOL:				
REFERENCES (REFERENCES FRO	OM FAMILY MEMBERS ARE NO	OT VALID)		
NAME:	ADDRESS	PHONE #	NATURE O	F RELATIONSHIP WITH REFERENCE
1				
2		_		
3				
4				
HEALTH				
DO YOU SUFFER FROM ANY	CHRONIC ILLNESS THAT	MAY BE DETRIMENTAL	TO THE	
WORK ENVIRONMENT?			YES	NO 🗌
DO VOLLIGE AND ADDICTIV	E CLIDGEAN OF CO		v=c	[
DO YOU USE ANY ADDICTIV	E SUBSTANCES?		YES	NO L
IF YES, EXPLAIN				
DO YOU HAVE A CLEAN POL	LICE RECORD?		YES 🗌	№ П
IF NO, EXPLAIN			- Ш	
LIST THE PAST FOUR EMPLO				
NAME OF COMPANY:		NAME OF SUPERVIS	OR:	
ADDRESS:				
REASON FOR LEAVING/TERI				
TIME PERIOD OF EMPLOYM				
WHAT WAS YOUR JOB TITLE				
NAME OF COMPANY:				<del></del>
ADDRESS:				
REASON FOR LEAVING/TERI				
TIME PERIOD OF EMPLOYM				
WHAT WAS YOUR JOB TITLE		NAME OF CURERY		
NAME OF COMPANY:		NAIVIE OF SUPEKVIS	UK:	
ADDRESS: REASON FOR LEAVING/TERI		FITOINE#		
TIME PERIOD OF EMPLOYM				

ALMANDI CC.	NAME OF SUPERVISOR:
ADDRESS:	PHONE#: N:
TIME PERIOD OF EMPLOYMENT:	
WHAT WAS YOUR JOB TITLE/POSITION	DN:
LIST LANGUAGES YOU CAN SPEAK:	
LIST LANGUAGES YOU CAN WRITE:	
THROUGH WHAT MEDIUM DID YOU REFERENCE CODE:	HEAR ABOUT THE JOB VACANCY?
IN ABOUT 50 WORDS, DESCRIBE W	HAT YOU BELIEVE TO BE BENNY'S MISSION AND DESCRIBE HOW YOUR KNOWLEDGE I THE EFFICIENT AND EFFECTIVE ADVANCEMENT OF THE COMPANY.
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Copy of a utility bill to verify address when applicable.  Accepted extras include: Certificate I certify that the information that misrepresentation has been made	ss, (e)Official Police Record (or the receipt of application), (f)Copy of Driver's License, Awards, Diplomas and Report Cards.  I have provided on this application is true and complete. I understand that if any
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Copy of a utility bill to verify address when applicable.  Accepted extras include: Certificate  I certify that the information that misrepresentation has been made withdrawn or my subsequent employed applicant's Signature  Interviewed by:	Awards, Diplomas and Report Cards.  I have provided on this application is true and complete. I understand that if any by me verbally or in writing, any offer of employment made to me may be by me with Benny's may be terminated.  Date  FOR INTERNAL USE ONLY  Decision after interview:
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