BENCO 165 NE CONIFER BLVD CORVALLIS, OR PH: 541-753-5040 Fax: 541-758-0324 www.bencocorvallis.com

BENCO APPLICATION FOR EMPLOYMENT

(PLEASE	PRINT)
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Position Applying For:	Date of Appli	cation:	
Do you know any current Benco Employees?			
If yes, please list their name/s:			
Last Name: Fir	st Name and Ini	tial:	
Other names used		Telephone	Number:
for employment:			
Street Address	City, State, Zi	р	
Have you ever filed an application with us	s before?	()YES	() NO
		().10	()
	if yes, whe	en?	
Are you currently employed?		() YES	() NO
		()	()
if currently employed, may we contact your employer		()YES	() NO
On what date would you be able to begin	employment:		
Do you posses a valid drivers license?		()YES	() NO
Have you ever been reported for adult or	child abuse?		
	() YES	() NO	
If yes, was the report/s found to be substantiate	()		
	() YES	() NO	
Are you able to perform the essential fun			
of this job without accommodation?	()YES	() NO	
If no, what accommodation(s) would be necessa	ary:		

EMPLOYMENT EXPERIENCE

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities.

Employer:	
Employement Start Date:	Employement End Date:
Address:	
Telephone:	Supervisor Name:
Job Title:	
Reason for Leaving:	
Job Duties:	

Employer:	
Employement Start Date:	Employement End Date:
Address:	
Telephone:	Supervisor Name:
Job Title:	
Reason for Leaving:	
Job Duties:	

Employer:	
Employement Start Date:	Employement End Date:
Address:	
Telephone:	Supervisor Name:
Job Title:	
Reason for Leaving:	
Job Duties:	

If you need additional space, please continue on a separate sheet of paper.

EDUCATION

	High School	Undergraduate College/Univ.	Graduate/ Professional	
School Name				
C	Diploma () G.E.D. ()	() AA () BA () MA	() AA () BA () MA	
Received		Degree received	Degree received	

State any additional information you feel may be helpful to us:

If you have any additional experience working in the IDD field. Please list employer/s & length/s of employment:

PERSONAL REFERENCES

Give name, address, and phone number of three references who are <u>not related</u> to you and are <u>not previous employers</u>

1)			
2)			
3)			

APPLICANT'S STATEMENT

As part of my application for employment at Benco, I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I therefore release all parties and persons connected with any request for information from all claims, liability, and/or damages arising out of furnishing such information.

This application shall be considered active for 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employer may discahrge the employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application and/or interview may result in discharge. I understand that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

AUTHORIZATION TO RELEASE CURRENT AND/OR PAST EMPLOYEE ON THE JOB PERFORMANCE

Applicant:

(Please Print)

I have applied for employment with Benco, and hereby give my permission for Benco to make inquires regarding past employment history and job performance. I hereby authorize the party receiving this form to release full and complete information as may be requested by Benco.

Information received from reference checks and Benco interview notes will become a permanent part of my personnel file and be treated as confidential by Benco. I waive any right to view this information, and release my past employers from all liability for reporting my past employment history and job performance.

Applicant Signature

Date

Social Security Number

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