



EMPLOYMENT APPLICATION

Date: / / S	ocial Security Number:	·	
Name:			
Home Phone: ()	Cell Phone:()_		
Present Address:			
Street	City	State	Zip Code
Permanent Address: (if different from present address)			
Street	City	State	Zip Code
E-mail address:			
Position applying for:	Salary desired:		
Applying for: [] regular full-time work [] regular	part-time work [] tempora	ary work	
What days and hours are you available for work?			
Are you available for work on weekends? [] Yes	[] No		
Would you be available to work overtime? [] Yes	[] No		
Are you available to travel? [] Yes	[] No		
What percentage of time? [] 25% [] 50%	[] 75%		
What date are you available to start?			
Are you at least 18 years of age? [] Yes	[] No		
Have you ever applied to or worked at BendPak?	[] Yes [] No		
If yes, when			
Do you have any friends or relatives working for BendP	ak? []Yes []No		
If yes, state name and relationship Name			
Relationship			
If hired, would you have a reliable means of transportat	ion to and from work? []	Yes []N	0
If hired, can you present evidence of your U.S. citizensh United States? [] Yes		to live and w	ork in the
Are you able to perform the essential functions of the jo reasonable accommodations? [] Yes		ither with or	without
If no, describe the functions you cannot perform			
Note: Ma complexity the Americano with Dischillities Act on			

Note: We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions.

Have you ever been convicted under any name or another name of a felony or misdemeanor (excluding convictions for marijuana which occurred more than 2 years ago, or for which the record has been sealed expunged, eradicated, or judicially dismissed)? [] Yes [] No

If yes, please explain when you were convicted and of what you were convicted.

					lisqualify an applicant from employment. The nature of the e offense to the position(s) applied for may, however, be
Are you currently employed?		[] Yes	[] No
If so, may be contact your currer	nt employer?	[] Yes	[] No
How were you referred to BendF	Pak?				
Walk in []					
Advertisement []	Publicatior	n/Web	osite:		
BendPak Employee []	Employee	name	e:		
Other []	Describe:				

EDUCATION, TRAINING AND EXPERIENCE

Type of School	Name of School	City, State	Diploma or Degree Indicate BA/BS, etc.	Major or field of study
High School				
College/University				
Vocational/Business				
Certificate Program				
Other				

Have you obtained any special skills/abilities as the result of service in the military? [] Yes	[]	No	[] N/A
If yes, describe:				

Do you speak or write any foreign language(s)? [] Yes [] No
What language(s)?
Operate Personal Computer? [] Yes * [] No * What Software?
List other office machines you can operate:
Specific skills or training: What knowledge, special skills and/or individual capabilities do you have which especially prepare you for the position applied for?

EMPLOYMENT HISTORY

List below all present and past employment. Please start with your most recent employer (the last 10 years is sufficient). You must complete this section even if you are attaching a resume. Attach an additional sheet if needed. Please account for all periods of unemployment in the separate section below.

Name of Employer						
Address						
	Stre	eet		City	State	ZIP
Phone				Manager		
Start Date				End Date		
Position/Title				Type of Business		
Hourly rate or Salary	Starting		Ending			
Reason for leaving						
What was the most im you demonstrated at t						
Name of Employer						
Address						
	Stre	eet		City	 State	ZIP
Phone				Manager		
Start Date				End Date		
Position/Title				Type of Business		
Hourly rate or Salary	Starting		Ending	• •		
Reason for leaving						
What was the most im you demonstrated at t	portant skill his job?					

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Address						
	Stre	et		City	State	ZIP
Phone				Manager		
Start Date				End Date		
Position/Title				Type of Business		
Hourly rate or Salary	Starting		Ending			
Reason for leaving						
What was the most im you demonstrated at t						

PERIODS OF UNEMPLOYMENT

Please account for all periods of unemployment within the last seven (7) years.

Start Date	End Date	
Reason		
Start Date	End Date	
Reason		

REFERENCES

List below 2 persons not related to you who have knowledge of your work performance within the last 3 years.

Street	City	State ZIP
	Email address	
	Number of years acquainted	
	Street	Email address

Name				
Address				
	Street	City	State	ZIP
Phone		Email address		
Occupation		Number of years acquainted		

APPLICANT STATEMENT AND ACKNOWLEDGEMENT

(PLEASE BE SURE TO READ THE MATERIAL BELOW, AND SIGN WHERE INDICATED)

I certify that the information in this application and any attachments is true and correct to the best of my knowledge. understand that any incorrect, incomplete, false or misleading statement, answer or information will subject my application to disqualification from further consideration, or if employed, may subject me to termination of employment. I hereby agree that the Company may investigate my gualifications with previous employers, personal references and other background security or criminal conviction records. I understand my employment with the Company is terminable at-will and would not be for any fixed period of time, and I may resign at any time for any reason or the Company may terminate my employment at any time for any reason with or without notice, and that this application is not and is not intended to be a contract for continued employment. I understand that according to law all individuals who are hired must as a condition of employment produce certain documentation to verify their legal authorization to work in the US. As a consequence, I understand that an offer of employment, (and continued employment) would be contingent on my ability to produce the required documentation within the time period required by law. I have read and understand all of the provisions of this statement and acknowledgement. By signing this application, I hold the Company harmless from any result of the reference and background check. I hereby authorize and release from liability all former employers, educational institutions, law enforcement agencies or other government agencies to provide or release information regarding my employment, education, criminal conviction record, credit history, driver's license, and motor vehicle records that may be in their possession to the Company or its agents. I further understand that any offer of employment or my acceptance (and continued employment) is conditioned upon several criteria, including my satisfactorily passing certain laboratory test (including test for substance abuse), which may be required by the Company and verification of identity and authorization to work in the United States. I acknowledge that offers of employment may only be made in writing by an authorized representative of the Human Resources Department, or the President of the Company.