

ALL POSITIONS ARE SUBJECT TO A PRE-EMPLOYMENT DRUG SCREENING

Name:		Date:	
Address:			
City:	State:	Zip:	
Previous Address if current address less than 3-years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone:		Cell phone:	E-mail:
Employment type desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal		Available for following shifts? <input type="checkbox"/> Day <input type="checkbox"/> Evening/Night	Can you work overtime, including weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date available to start:	Have you worked for this company before?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Position desired:			
Have you performed this type of work before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Union Trade:		Status:	<input type="checkbox"/> Journeyman <input type="checkbox"/> Apprentice Level _____
	Name of School	Location	Number of Years Completed
High School			
College			
Business/Trade School			
Are you OSHA 10 Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No Date:			
Are you OSHA 30 Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No Date:			
Have you received Firestop training (FIT)? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when:			
Have you received ICRA training? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, date and description of training:			
List other certifications, training or memberships in organizations that are relevant to the job for which you are applying.			
Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>Employment subject to Motor Vehicle Record screening.</i>)			
Driver's License No.:	State of Issue:	<input type="checkbox"/> Commercial (CDL)	Class _____
Have you had any accidents during the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No		How many?	
Have you had any moving violations during the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No		How many?	
Do you have a reliable method of getting to work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>This company participates in E-Verify. Proof of citizenship or immigration status will be verified upon offer of employment.</i>			
I acknowledge COVID-19 Vaccination is a condition of employment at Benike Construction: <input type="checkbox"/> Acknowledged			
I received my COVID-19 vaccine on the following date(s):			
In accordance to the American Disabilities Act – I will be seeking a medical declination from the COVID-19 vaccination: <input type="checkbox"/>			

WORK EXPERIENCE

Employer:		From	/	To	/
Employer Address:					
City, ST Zip		Position held:			
Supervisors Name:					
Reason for leaving:					

List the duties performed, skills used and/or learned, and advancements or promotions while you worked at this company:

Employer:		From	/	To	/
Employer Address:					
City, ST Zip		Position held:			
Supervisors Name:					
Reason for leaving:					

List the duties performed, skills used and/or learned, and advancements or promotions while you worked at this company:

May we contact your current employer? Yes No

Please list two references other than relatives or previous employers.

Name:		Relationship:		Phone:	
Name:		Relationship:		Phone:	

PLEASE READ CAREFULLY

In exchange for the consideration of my job application by Benike Construction, Inc. (hereinafter called "the Company"), I agree that: The acceptance of this application shall not serve to create an actual or implied contract of employment. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to investigate any information or source named in this application.

I understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as possible random testing during employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on passing of drug tests under such policy.

I further understand that my employment with the Company is "at will". Either I or the Company can terminate my employment with the Company at any time, for any legal reason, with or without notice.

Signature of applicant		Date:	
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This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, marital or veteran status or disability or any other legally protected status.

AFFIRMATIVE ACTION SURVEY

Date: _____

NOTE: Please detach from Employment Application and insert in Affirmative Action Survey box provided on front desk.

To assist with government record keeping, reporting and other legal requirements, please fill out the Affirmative Action Survey below.

Providing this information is voluntary and refusal to provide information will not have a negative effect on your status as an applicant.

Position applied for: _____

Referral Source:

- | | |
|--|--|
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Job Service |
| <input type="checkbox"/> Benike Employee | <input type="checkbox"/> Internet/Newspaper Ad |
| <input type="checkbox"/> Community Agency | <input type="checkbox"/> College |

Relations:

- | | |
|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Walk-In | <input type="checkbox"/> Rehire |
| <input type="checkbox"/> Other: _____ | |

Gender:

- | | |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
|-------------------------------|---------------------------------|

Race Identification:

- | | |
|---|---|
| <input type="checkbox"/> White (Not Hispanic or Latino) | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native American or Alaska Native |
| <input type="checkbox"/> Two or More Races | |

Check if any of the following are applicable:

- | | |
|--|---|
| <input type="checkbox"/> Vietnam Era Veteran | <input type="checkbox"/> Disabled Veteran |
| <input type="checkbox"/> Disabled Individual | |