



APPLICATION FOR EMPLOYMENT

Please PRINT all information requested, sign all Releases and the Application.			ne NOT as a su	Please complete application in full. Resumes may be attached but NOT as a substitute. Only applications that are complete, legible, and signed will be considered.				ice Use Only	
Hours Available to Work		NDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURI	DAY	SUNDAY
FROM:									
то:									
PERSONAL DATA									
Date: Position Applying For: Wage Desired:									
Employment I	Desired: □F	ULL-TIM	IE □ PART-TIM	E □SEASONAL: `	Winter / Summe		soon are yo k?		
						,, 01.			
Name		Last		First		Middle		Maiden	
Present addres	S	Number		Street	City	State		Zip	
Home Phone () Cell or Msg Phone () E-mail address									
Are you a United States Citizen: If not, what type of Visa do you have? Expiration Date:									
Are you over the age of 16?18?Place of Birth: Social Security No									
DO YOU HAVE A DRIVER'S LICENSE? Yes No Type: D-1 CDL-A CDL-B									
				State of issue					
									-
What is your means of transportation to work?							<u>-</u>		
HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes									
If yes, explain	conviction	(s), nature	of offense(s) Sta	te(s) where offense	s occurred, and	Sentence(s) impos	sed by the	Court.	
			(Include drivin	g offenses if applie	cable to position	n applying for)			
MILITARY							-		
HAVE YOU EVER BEEN IN THE ARMED FORCES? ☐ Yes ☐ No									
ARE YOU PRESENTLY ON ACTIVE DUTY OR A MEMBER OF THE NATIONAL GUARD? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$									
Date Entered Discharge Date Type Discharge Specialty									
EDUCATION									
TYPE OF SO	CHOOL	NAME	OF SCHOOL	LOCATIO	ON # OI	F YEARS COMP	LETED	MAJ(OR/DEGREE
High School									
College Bus or Trade	School								

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

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	OFFICE SKILLS				
	0-Key Calculator □ Yes □ No Personal re □ Yes □ No Rate Your Computer Skills				
	EQUIPMENT & MAINTENANCE I	EVDEDIENCE			
	EQUIFMENT & MAINTENANCE I	EAF ERIENCE			
Heavy Equipment You Operate:	Years Experience:				
Heavy Equipment You Repair:		Years Experience:			
Maintenance Experience:	Carpentry \square Electrical \square Plumbing \square	Years Experience:			
	Tell Us About Yourself and Your Quali	fications			
summarize additional information descri	t difficult for an individual to adequately summ	narize their experience. Use the space below to or the position for which you are applying. You may			
	Please list two references other than re	elatives.			
Name	Name				
Address					
Telephone ())			
Years they have known you: Years they have known you:					

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Work Experience	Please list your work experience for the past five years beginning with your mowere self-employed, give firm name.	st recent job held. If you				
Name of Employ	yer / Company:					
Supervisor Name	Contact Phone:					
Address:						
Employment Dat	es: From:// To:/ Pay or Salary: Start:	Final:				
Your Job Title: _	Reason for Leaving:					
List the duties yo	u performed, skills you used or learned, support or supervisory positions held and	promotions.				
Name of Employ	yer / Company:					
Supervisor Name	Contact Phone:					
Address:						
Employment Dat	es: From:/ To:/ Pay or Salary: Start:	Final:				
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	es: From://					
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List the duties yo	u performed, skills you used or learned, support or supervisory positions held and	promotions.				

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PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application with Ben's Contractor Center / Ben's Great Outdoors / Ben's Logistics (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the company, or otherwise to change in any respect the "employment-at-will" relationship between the company, and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of the Company. Both the undersigned and the company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in staff and/or 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 contact schools, previous employers (unless otherwise indicated), references, and others. I further authorize the company to complete a criminal background check, obtain a copy of my driving record, and obtain a credit report in regards to my application for employment as well as periodic checks throughout my employment. I hereby release the Company from any liability as a result of such contacts, inquiries, or records in order to ascertain my qualifications and fitness for employment.

I also understand that (1) the Company has a drug and alcohol policy and a sexual harassment policy; (2) my consent to and compliance with these policies is a condition of my employment.

I have also authorized by my signature to release my driver information should it be necessary in the position I am applying for.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable "at will" for any reason by either party.

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

Signature of applicant	Date:
Printed Name of Applicant:	Phone:

DRIVING RECORD RELEASE FORM					
I,	do hereby	authorize the Department of Administration,			
Division of Motor Vehicles, to release my driving record to:	Ben's Contractor Center / Ben's Great Outdoors / Ben's				
Logistics					
Signature:		Date:			
Michigan Driver's License #:	SSN#:	Date of Birth:			