

APPLICATION FOR EMPLOYMENT

Thank you for your interest with BenitoLink. We are an equal opportunity employer and all applicants will be given equal consideration. BenitoLink does not discriminate against any applicant or employee because of race, color, age, sex, religion, disability, national origin, sexual orientation, marital status, veteran status, or any other legally protected status. Answers to application questions will be used for applicable, job-related reasons only. Incomplete applications will not be considered.

615 San Benito Street, Suite 201, Hollister, CA 95023- Learn more at www.BenitoLink.com

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION (Please Print)

Last Name	First	Middle Initial	Today's Date	
Street Address			Phone Number	
City	State	ZIP Code	Alternative Phone Number	
Other Name(s) Used			E-Mail Address	
Referred By (please be s	pecific)		Position(s) Applying for	
Are you over the age of 18? Yes No If not, please provide your age:				
Are you eligible to work in [Proof of eligibility to work in		equired before an individ	Yes No dual can commence employment at BenitoLink].	

EMPLOYMENT HISTORY (please list all previous employment, beginning with present or most recent. If additional space is required, attach a separate document). In addition, please account for all gaps in employment.

Company	Address	Telephone
Position Title	Hours per week	Supervisor
Date (month/year) From: To:	Reason For Leaving	May we contact?

Duties and Responsibilities		Eligible for Rehire?		
Gaps in Employment (if any)				
Company	Address	Telephone		
Position Title	Hours per week	Supervisor		
Date (month/year) From: To:	Reason For Leaving	May we contact?		
Duties and Responsibilities		Eligible for Rehire?		
Gaps in Employment (if any)				
Company	Address	Telephone		
Position Title	Hours per week	Supervisor		
Date (month/year) From: To:	Reason For Leaving	May we contact?		
Duties and Responsibilities		Eligible for Rehire?		
Gaps in Employment (if any)				
Company	Address	Telephone		
Position Title	Hours per week	Supervisor		
Date (month/year) From: To:	Reason For Leaving	May we contact?		
Duties and Responsibilities		Eligible for Rehire?		
Gaps in Employment (if any)		ı		

EDUCATION

	Name & Address	Maj	or	Degree/	Certificate
High School					
Community College/Trade School					
College/University					
Graduate School					
List other completed classes, aca Company:	I ndemic honors, additional skills or	training which may	be applicable	to your employm	ent at this
LANGUAGES					
Language	Spec	ify Skill Level P	=Poor F=F	air G=Good I	= Excellent
English		Write	Read	Speak	_ Studied
<u>Spanish</u>		Write	Read	Speak	Studied
		Write	Read	Speak	Studied
CERTIFICATION					
supplied, is true, correct and c	provided by me on this Application on the Application on the best of my know information will be cause for co	wledge and that a	_	-	
or failure to disclose per linent					
authorize, consent and ho organizations named in this A required to make an employm	ld harmless my current and pplication (or accompanying Fent decision. This authorizatio considered an original and val	Resume) to releas n will serve as a re	e any inform	ation to BenitoL	ink that may be
authorize, consent and ho organizations named in this A required to make an employm purpose; a photocopy shall be understand and agree that the employment for a definite ter	pplication (or accompanying Flent decision. This authorizatio	Resume) to releas n will serve as a re id. ct and that any act cation will remain	ee any inform elease of any eceptance of e n active for si	ation to BenitoL and all informat employment is r x (6) months. Aft	ink that may be tion and for this not a contract o

Affirmative Action Employment Questionnaire

Applicant: Please complete this form and submit it with your application. The form will be detached from your application and will be kept separate and confidential. This information is being gathered for the purpose of evaluating the effectiveness of Affirmative Action procedures, which this Agency uses to recruit applicants and measure their qualifications. The information will not be used in any way to make any employment decision that affects you. This information is an integral part of the Agency's Affirmative Action Program and is necessary to ensure equal opportunities for all. In addition, the collection of ethnic data to ensure equality is required by law.

Position applied for:	Date:	
I first learned of this job opening through (che	eck one):	
A friend or relative		
An organization or group (ple	ease specify)	
A job online posting, which w		
A newspaper article, which pa		
Other means (please specify))	
PERSONAL DATA FOR AFFIRMATIVE ACTION PU	JRPOSES ONLY	
Age (check one):		
Sex (check one):FemaleMale	eOther	
Ethnic Data:		
Black- African-American		
Hispanic (includes all persons of Mexican,	, Puerto Rican, Cuban, Central or South American or other Spanish cul	tur
or origin, regardless of race, other than E	Europeans)	
American Indian/Native American/Alaskan	n Natives	
White (not of Hispanic origin)		
Two or more races, not Hispanic or Latino		
Asian, not Hispanic or Latino		
Native Hawaiian or Other Pacific Islander,	, not Hispanic or Latino	
Other		
Veteran Status		
Disabled Veteran Vietnam Era	Veteran	