

Did you graduate?: Yes No If no, years/units completed?: _____

School Name: _____ City, State: _____

Degree Type: _____ Major/Minor: _____

Did you graduate?: Yes No If no, years/units completed?: _____

School Name: _____ City, State: _____

Degree Type: _____ Major/Minor: _____

Did you graduate?: Yes No If no, years/units completed?: _____

School Name: _____ City, State: _____

Degree Type: _____ Major/Minor: _____

Did you graduate?: Yes No If no, years/units completed?: _____

School Name: _____ City, State: _____

Degree Type: _____ Major/Minor: _____

Did you graduate?: Yes No If no, years/units completed?: _____

EMPLOYMENT HISTORY

Please provide, at a minimum, **your last 10 years of employment history**, listed in date order, with most recent employment listed first, including any time spent in the military. If more space is needed, please attach an additional sheet to the end of this application.

Employer Name: _____ Dates – From: _____ To: _____

Position Title: _____ Hours per week: _____

Address: _____

Street

City

State

Zip

Supervisor Name: _____ Contact Number: _____

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Reason for Leaving:

Duties:

May we contact?: Yes No If no, explain: _____

Employer Name: _____ Dates – From: _____ To: _____

Position Title: _____ Hours per week: _____

Address: _____

Street

City

State

Zip

Supervisor Name: _____ Contact Number: _____

Reason for Leaving:

Duties:

May we contact?: Yes No If no, explain: _____

Employer Name: _____ Dates – From: _____ To: _____

Position Title: _____ Hours per week: _____

Address: _____

Street

City

State

Zip

Supervisor Name: _____ Contact Number: _____

Reason for Leaving:

Duties:

May we contact?: Yes No If no, explain: _____

Employer Name: _____ Dates – From: _____ To: _____

Position Title: _____ Hours per week: _____

(Continued next page)

Address: _____
Street _____ *City* _____ *State* _____ *Zip* _____

Supervisor Name: _____ **Contact Number:** _____

Reason for Leaving: _____

Duties: _____

May we contact?: Yes No **If no, explain:** _____

Employer Name: _____ **Dates – From:** _____ **To:** _____

Position Title: _____ **Hours per week:** _____

Address: _____
Street _____ *City* _____ *State* _____ *Zip* _____

Supervisor Name: _____ **Contact Number:** _____

Reason for Leaving: _____

Duties: _____

May we contact?: Yes No **If no, explain:** _____

Employer Name: _____ **Dates – From:** _____ **To:** _____

Position Title: _____ **Hours per week:** _____

Address: _____
Street _____ *City* _____ *State* _____ *Zip* _____

Supervisor Name: _____ **Contact Number:** _____

Reason for Leaving: _____

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Duties:	
May we contact?:	Yes No If no, explain: _____

PROFESSIONAL CERTIFICATION(S)/CREDENTIAL(S) AND/OR PROFESSIONAL LICENSE(S)

If more space is needed, please attach an additional sheet to the end of this application.

License/Certification Name/Type:	
Date Issued:	Expiration Date:
Issued By:	

License/Certification Name/Type:	
Date Issued:	Expiration Date:
Issued By:	

ADDITIONAL SKILLS AND LANGUAGES

Please describe any other job-related skills or qualifications you may have, such as additional foreign language fluency, computer-related skills, etc.

AGENCY QUESTIONS

- | | | | |
|--|-----|----|---|
| 1. Benton REA is requiring you to provide 10 years of employment history. Have you provided at least 10 full years of employment history on this application? | Yes | No | I confirm that I do not have 10 years of employment experience. |
| 2. Are you 18 years of age or older? | Yes | No | |
| 3. Do you have proof of your legal right to work in the United States? | Yes | No | |

4. Have you ever been discharged (fired) or resigned (quit) in lieu of discharge? Yes No

If yes, please explain:

5. Are you able to perform the essential functions of the job with or without reasonable accommodation? Yes No

6. Have you ever been employed with Benton REA? Yes No

If yes, please list position title and dates: _____

7. Do you have a relative that works at Benton REA? Yes No

If yes, please list name: _____

8. How did you hear about this opportunity?:

Employment Agency
 Social Media
 Professional Job Board
 Indeed
 LinkedIn
 Employee Referral
 Other: _____

APPLICANT ATTESTATION

By signing below, electronically or otherwise, I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I understand that if Benton REA discovers at any time that I failed to completely and accurately provide the information requested on this employment application, or during any portion of the exam/interview process, I will no longer be considered for employment. I further understand that if employed at Benton REA, any misrepresentation or omission of facts during the application and/or interview/exam process is sufficient cause for immediate termination.

I understand that I may be required to verify any and all information given on this application, including producing documentation verifying identity and employment eligibility in the U.S. as required by federal law. I understand this position will require a thorough investigation of my past employment, character, and background as it relates to my candidacy for employment. I understand that information obtained during this investigation will not be shared with me, unless required by the Fair Credit Reporting Act.

Additionally, I understand that drug or alcohol testing will be required as a condition of employment and may be required as a condition of continued employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including termination.

I understand that my employment is terminable-at-will, that I am not being employed for any specific time, that this application is not, and is not intended, to be a contract for continued employment, and that the employer or I may terminate my employment at any time with or without cause or notice.

I hereby authorize the Benton REA, its representatives and employees, to verify the information I have provided and to further investigate my background, past performance, and suitability for employment.

Signature of Applicant

Date of Signature

***I agree:** I agree that my electronic signature is the legal equivalent of my manual/handwritten signature on this document. By selecting "I agree" using any device, means, or action, I consent to the legally binding terms and conditions of this document. I further agree that my signature on this document is as valid as if I signed the document in writing.*