

509-786-2913 BentonREA.org P.O. Box 1150, Prosser, WA 99350

APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY STATEMENT

Benton REA is an equal opportunity employer and does not discriminate on the basis of race religion, national origin, color, sex age, veteran status, disability status, or any other legally protected status. It is our commitment that all qualified applicants are given equal opportunity and that selection decisions are based on job-related factors.

Please omit any answer on this application if you feel it will reveal information about your ethnic background, religion, national origin, color, age, sex, disability, adverse military discharge, and/or any other legally protected status.

<u>NOTE</u>: This fillable application requires you to have Adobe Reader installed on your device. Filling out the form without Adobe Reader installed may lead to read and print errors upon submission.

POSITION INFORMATION			
Date of Application:		<u> </u>	
Position Applying for:			
Earliest date you can begin working	:	Desired Salary:	
PERSONAL INFORMATIO	N		
Name:			
First	MI Last		
Email:	Phone:	Alt Phone:	_
Address:			
Street	City	State	Zip Code
EDUCATION HISTORY			
What is your highest level of educati	on completed?		
In the following section, please pro	vide your education history	y, starting with your most rece	nt education.
School Name:		City, State:	
Degree Type:	Major/Minor:		
(Continued next page)			

Member Owned, Community Driven



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?:		
	minimur rst, inclu	n, your ding an	last 10 years of employment history, list time spent in the military. If more space is r		
Employer Name:			Dates – From:	То:	
Position Title:			Hours per week	« :	
Address:			City	State	7.
Address: Street			City	State	Zip

Member Owned, Community Driven



Reason for Leaving:						
Duties:						
May we contact?:	Yes	No	If no, explain:			
Employer Name:				Dates – From:	To:	
Position Title:				Hours per wee	ek:	
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:	
				Hours per wee	ek:	
Position Title:						
				City	State	Zip
Address: Street				City Contact Number:	State	Zip
Address: Street Supervisor Name:					State	Zip
Address: Street Supervisor Name: Reason for Leaving:					State	Zip
Address: Street Supervisor Name: Reason for Leaving: Duties: May we contact?:		No	If no, explain:		State	Zip
Address: Street Supervisor Name: Reason for Leaving: Duties:		No	If no, explain:		State To:	Zip

Member Owned, Community Driven



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:				
osition Title:				Hours per wee	ek:				
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:	То:				
Position Title:				Hours per week:					
Address:				_					
Street				City	State	Zip			
Supervisor Name:				Contact Number:					

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Du	ties:								
Ma	y we conta	ict?:	Yes	No	If no, explain:				
LI	CENSE(S)				NTIAL(S) AND/C		SIONAI	L
Lic	ense/Cert	ificatio	n Name/	Туре:					
Da	te Issued:					Expiration Date:			
Iss	ued By:								
Lic	ense/Cert	ificatio	n Name/	Туре:					
Da	te Issued:					Expiration Date:			
lss	ued By:								
	mputer-rel								
1.	Benton R	EA is re provide	quiring y	_	ovide 10 years of en years of employme		Yes	No	I confirm that I do not have 10 years of employment experience.
2.	Are you 1	8 years	of age or	older?			Yes	No	
3.	Do you ha	nve prod	of of your	ʻlegal rig	ght to work in the U	nited States?	Yes	No	
					– Member Own	ed, Community Drive	en		



4.	Have you ever been dischardischarge?	rged (fired) oi	r resigned (c	quit) in lieu d	of	Yes	No			
	If yes, please explain:									
5.	Are you able to perform the reasonable accommodation		nctions of th	e job with o	r without		Yes	No		
	reasonable accommodation	1.								
_										
6.	Have you ever been employe	ed with Bento	on REA?				Yes	No		
	If yes, please list position tit	tle and dates	:							
7.	Do you have a relative that w	vorks at Bent	ton REA?				Yes	No		
	If yes, please list name:									
8.	How did you hear about									
	this opportunity?:	Employmer	nt Agency	Social Med	dia Pro	ofessio	onal Job B	oard	Indeed	
		Linkodla	Employee	Doforrol	Othor					
		LinkedIn	Employee	neieiiai	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

<u>lagree</u>: 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.