

Note: Showing necessary documentation is an employment requirement.

BENCHMARK LANDSCAPE, INC.

Application for Employment

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other legally protected status. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

First Name	Last Name	Middle	Today's Date
Street		City, State, Zip	
Home/Mobile Phone		Business Phone	
Email Address:			

Position Applying For: _____	Date Available: _____
How did you hear of the position? _____	Desired Pay: _____
If referred by a Benchmark employee, please provide their name: _____	

Have you ever applied to work at Benchmark previously? _____ Yes, When? _____ No

Are you at least 18 years old? _____ Yes _____ No

If hired, can you furnish proof you are eligible to work in the U.S.? _____ Yes _____ No

Do you have a valid California Driver's License? _____ Yes _____ No

Do you have transportation to and from job site? _____ Yes _____ No

Have you ever been convicted of (1) any criminal offense involving theft, dishonesty or fraud, (2) any criminal offense involving violence or assault, or (3) any felony. In answering this question, the following convictions do not require you to respond "Yes": (1) any marijuana-related misdemeanor conviction that occurred more than 2 years ago; (2) a conviction for any offense for which you were referred to, and participated in, a pre- or post-trial diversion program; (3) any conviction that has been sealed, expunged or eradicated by order of the Court, or (4) any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been dismissed by the Court _____ Yes _____ No

If YES, provide the following information: Date of Conviction: _____ County & State of Conviction: _____

Disposition of the Case: _____ Offense Convicted of: _____

Note: Answering "yes" does not result in automatic disqualification of employment.

Are you able to perform the essential job functions of the job for which you are applying either with or without a reasonable accommodation? _____ Yes _____ No

If "No," describe the functions that cannot be performed: _____

Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for qualified employees to perform essential functions. (Field work requirements include, but are not limited to, the ability to lift 50 lbs or more. Hire may be subject to passing a medical examination and to skill & agility tests.

Are you now, or do you expect to be engaged in any other businesses or employment? (Answering "yes" does not result in automatic disqualification of employment) _____ Yes _____ No If "Yes," please explain:

Skills: (Check the "yes" or "no" box for each skill.) Yes No

LANDSCAPE IRRIGATION KNOWLEDGE	<input type="checkbox"/>	<input type="checkbox"/>
PLANTING KNOWLEDGE	<input type="checkbox"/>	<input type="checkbox"/>
GRADING KNOWLEDGE	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT OPERATION KNOWLEDGE	<input type="checkbox"/>	<input type="checkbox"/>
SUPERVISION/ MANAGERIAL BACKGROUND	<input type="checkbox"/>	<input type="checkbox"/>

Additional job related skills and training: _____

Job related machines and equipment can you operate: _____

References:

Please provide the names (and additional information) of three of your supervisors who have knowledge of your work within the past 3 years.

NAME	JOB TITLE	COMPANY	PHONE NUMBER	YOUR SUPERVISOR FROM - TO (DATES)

Employment:

List the names of employers with present or last employer listed first. Account for all periods of time, including military service and any period of unemployment. If self-employed, give firm name and supply business references. Provide telephone numbers and names of individuals to contact.

EMPLOYER, ADDRESS	SUPERVISOR NAME & PHONE	FROM - TO (DATES)	ENDING BASE RATE OF PAY	DUTIES	REASON FOR LEAVING

Should we wait until when/if you receive an offer of employment with Benchmark to contact this employer? Yes No

Have you ever been discharged from a job? If so, please explain. _____

Please read carefully and sign below:

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize Benchmark to thoroughly investigate my suitability for employment by contacting my present and past employers, schools, references and other sources deemed appropriate. I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims or liability for issuing, receiving, or using any such information.

Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, reduction in work hours, a rotating schedule other than Monday through Friday, or out of town work with per diem. I understand and accept these as conditions of my continuing employment.

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of Benchmark and my employment may be terminated at any time, with or without cause and with or without notice. I understand that if I become employed by Benchmark, the "at will" nature of my employment can be changed only in a written document that is signed by me and by the President of Benchmark. I further understand that if I become employed by Benchmark, other events that may occur during the employment relationship (including, but not limited to, changes in job title, pay or duties, promotions or demotions, years of service and performance evaluations) will not and cannot change the "at will" nature of my employment with Benchmark. I understand that if I am employed, the company may change wages, benefits, and conditions at any time.

Applicant's Signature: _____ Date: _____