



Beneficial Financial Group

P.O. Box 45654, Salt Lake City, Utah 84145-0654 - Telephone (801) 933-1100

APPLICATION FOR EMPLOYMENT

THIS APPLICATION IS VALID FOR 90 DAYS FROM DATE SUBMITTED

Beneficial Financial Group does not discriminate in hiring or employment on the basis of race, color, religion, national origin, sex, age, or disability. No question on this form is intended to secure information for a discriminatory purpose.

INSTRUCTIONS: This is a fillable form. Please click on the appropriate area to enter information or tab between fields. You may save this document and email it to careers@benfinancial.com or you may print this application and fax it to (801) 531-3317 or mail it to the above address.

Personal Identification

Last Name	First Name	Middle Name
PLEASE INDICATE OTHER NAMES YOU HAVE USED IN PREVIOUS EMPLOYMENT OR SCHOOLING (FOR REFERENCE PURPOSES)		
Street Address	City	State
Zip		
(____) _____ HOME TELEPHONE	(____) _____ OTHER TELEPHONE (Mobile, Message, Etc.)	
EMAIL ADDRESS		
Are you at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you currently have any relatives working for Beneficial Financial Group? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please list their name(s) and department(s): _____		
Were you previously employed by this organization? Yes <input type="checkbox"/> No <input type="checkbox"/> Date(s) _____ Dept(s) _____		
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, explain _____		

Work Preference

DESIRED POSITION OR TYPE OF WORK	SALARY EXPECTATIONS	DATE AVAILABLE	REFERRED BY
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time (____ Hours/Week) <input type="checkbox"/> Temporary		Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/>	
CHECK THE OPTIONS WHICH YOU WILL CONSIDER		DAYS OF THE WEEK AVAILABLE TO WORK	

Skills (You have acquired through work or education, especially those applicable to the position for which you are applying)

Business Skills including Software & Technology: _____
Office Equipment & Hardware: _____
List any other skills or special qualifications: _____

Education and Training (List colleges and universities attended; even if no degree was earned.)

_____	_____	_____	Graduated: Yes <input type="checkbox"/> No <input type="checkbox"/>
HIGH SCHOOL	City/State		
_____	_____	_____	_____
COLLEGE OR UNIVERSITY	City/State	Major	Degree Earned
_____	_____	_____	_____
COLLEGE OR UNIVERSITY	City/State	Major	Degree Earned
Indicate any additional or supplemental education, including extension courses, seminars, licenses, and/or professional designations:			

Employment History

Start with your **most recent** employer and list all jobs you have held in the past ten years, including time spent in military service, school, self-employment, etc. Cover full disposition of your time whether employed or not. Please note that the Employment History section does not need to be completed if an attached resume provides **all** of the information specifically requested. If requested information is not on your resume, please be sure to include that information below including salary in order to ensure your application will be considered.

May we contact your present employer? Yes No

_____	_____	_____	_____
COMPANY	CITY/STATE	FROM (Mo./Yr.)	TO (Mo./Yr.)
_____	_____	_____	_____
JOB TITLE	SUPERVISOR	PHONE	
DESCRIBE DUTIES BRIEFLY:			

_____	_____	_____	_____
REASON FOR LEAVING	STARTING SALARY	CURRENT OR ENDING SALARY	

_____	_____	_____	_____
COMPANY	CITY/STATE	FROM (Mo./Yr.)	TO (Mo./Yr.)
_____	_____	_____	_____
JOB TITLE	SUPERVISOR	PHONE	
DESCRIBE DUTIES BRIEFLY:			

_____	_____	_____	_____
REASON FOR LEAVING	STARTING SALARY	CURRENT OR ENDING SALARY	

_____	_____	_____	_____
COMPANY	CITY/STATE	FROM (Mo./Yr.)	TO (Mo./Yr.)
_____	_____	_____	_____
JOB TITLE	SUPERVISOR	PHONE	
DESCRIBE DUTIES BRIEFLY:			

_____	_____	_____	_____
REASON FOR LEAVING	STARTING SALARY	CURRENT OR ENDING SALARY	

References (Please list at least four work related references.)

NAME	ADDRESS	PHONE	JOB TITLE

CERTIFICATION & ACKNOWLEDGMENT

Please read carefully before signing. If you have any questions regarding the following statement, please ask for assistance.

I certify, that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that any false or omitted information contained in this application may result in rejection of my application or in my termination (if employed).

I authorize you to communicate with all my former employers, school officials and persons named as references. I hereby release all employers, schools and individuals from any liability for giving any and all factual information.

I understand that any offer of employment may be subject to the following: satisfactory references, employment and/or credit checks, clearance of criminal record, successful completion of a pre-employment drug test, social security verification, and acceptance by the bonding company. I also understand the bonding requirements may include fingerprinting for criminal record investigation. I acknowledge that I will be required, pursuant to federal law, to provide documentation establishing my identity and verification of my legal right to work in the United States.

I hereby authorize the investigation of all statements contained in this application and on my resume, if provided. I certify that such statements are true, and understand that misrepresentation or omission of facts called for in this application, or on any resume provided by me, will terminate the continued consideration for employment with Beneficial Financial Group or terminate my employment with Beneficial Financial Group without notice.

Internal policy prohibits Beneficial Financial Group from entering into employment contracts unless they are in writing and approved by the President. Accordingly, I understand that, if hired, my employment is completely voluntary. I can be terminated at any time and for any reason, at the option of either myself or the organization. I understand and acknowledge that no employee or representative of Beneficial Financial Group, other than the President specifically approving a written contract in writing, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

This application, when completed and signed, becomes the property of Beneficial Financial Group.

Print Name

Signature

Date

**FAIR CREDIT REPORTING ACT
AUTHORIZATION FORM**

CONSENT TO PROCUREMENT OF CONSUMER CREDIT REPORT

I understand that, as a condition of my consideration for employment with Beneficial Financial Group, or as a condition of my continued employment with Beneficial Financial Group, Beneficial Financial Group may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interview, DMV records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to Beneficial Financial Group's procurement of such a report. I understand that, pursuant to the Federal Fair Credit Reporting Act, Beneficial Financial Group will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with Beneficial Financial Group. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

Print Name

Signature

Date

**BENEFICIAL FINANCIAL GROUP
VOLUNTARY INFORMATION FORM**
(For Government Monitoring Purposes)

The information below is needed to measure the effectiveness of our recruitment efforts and is in conformity with Federal government guidelines which require us to compile statistical information about applicants for employment. You are not required to furnish this information, but are encouraged to do so. The law provides that an employer may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulation, this employer is required to note race and sex on the basis of visual observation.

I wish to furnish this information: _____ (Please initial)

I do not wish to furnish this information: _____ (Please initial)

Application Date (mm/dd/yy): _____

Please check the appropriate box: Male Female

Position Applied For: _____

Ethnic Category (Check One):

HISPANIC or LATINO: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

WHITE (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

BLACK or AFRICAN AMERICAN (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

ASIAN (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

AMERICAN INDIAN or ALASKA NATIVE (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

TWO or MORE RACES (Not Hispanic or Latino): All persons who identify with more than one of the above races, excluding those who identify themselves as Hispanic or Latino.

Please check the following applicable categories:

HANDICAPPED INDIVIDUAL – Any person who (1) has a physical or mental impairment that substantially limits one or more of his/her major life activities; (2) has a record of such impairment, or (3) is regarded as having such impairment.

VETERAN ELIGIBILITY – A veteran who served on active duty during a war or in a campaign or expedition (1937 to present) for which a Campaign or Expeditionary Medal has been authorized.

DISABLED VETERAN ELIGIBILITY – A veteran with a disability, service connected or otherwise.

Print Name

Signature

Date