

# new benefits

creating advantage.

## New Benefits at Work

At New Benefits people truly make the difference! When you walk through our doors you immediately sense a unique environment where people care about the work they do. In order to maintain such a unique and positive corporate culture, we're always on the lookout for great people who are not just looking for a job, but are truly hoping to make a difference in the place they work. To use an intangible adjective, we're looking for a "Sparkle."

Do **you**:

- Find it rewarding to help people?
- Embrace every challenge as a **learning** opportunity?
- Thrive in an **innovative** environment?
- Think with a critical, **analytical** mind?
- Enjoy** working with teammates?
- Think of yourself as **friendly**– wear a smile on your face throughout the day?
- Take your job seriously, but can **laugh** at yourself?

Then, we **WANT** to interview **YOU!**  
Send your resume to our HR Department, [greatplacetowork@newbenefits.com](mailto:greatplacetowork@newbenefits.com), for consideration even if what you currently do is not on our open positions list. At New Benefits, we are **ALWAYS** looking for new teammates willing to be a part of our company's journey!



PLEASE COMPLETELY ANSWER ALL QUESTIONS

New Benefits, Ltd. is an Equal Employment Opportunity Employer. It is our policy to provide employment, compensation and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, disability or other basis prohibited by federal, state or local law. Applicants requiring reasonable accommodation in the application and/or interview process should notify Human Resources at 972.404.8192. As an Equal Opportunity Employer, we intend to comply fully with applicable federal and state employment laws and the information requested on this application will only be used for purposes consistent with those laws.

POSITION APPLIED FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

PERSONAL DATA

Desired Salary: \_\_\_\_\_

Last Name	First	Middle	Social Security Number
Street Address	City	State/Zip Code	
Home Phone Number	Cell Phone Number	Email	

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.)  Yes  No

Are there any days, shifts or hours you will not work?  Yes  No

If yes, please explain: \_\_\_\_\_

Are you legally authorized to work in the United States?  Yes  No  
(If hired, you will be required to submit proof of identity and eligibility to work in the United States as required by the Immigration Reform and Control Act of 1986.)

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status)?  Yes  No

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

If no, describe the functions that cannot be performed: \_\_\_\_\_

(Note: New Benefits complies with ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to medical examination conducted by a medical professional.)

When are you available to start? \_\_\_\_\_

Have you ever been convicted of anything other than minor traffic violations?  Yes  No

If yes, please explain: \_\_\_\_\_  
(Note: A conviction will not necessarily bar you from employment, each conviction will be judged on its merits with respect to time, position, circumstance and seriousness.)

How did you learn about our Company?

If referred, who were you referred by? \_\_\_\_\_

Have you ever applied or worked at New Benefits before?  Yes  No

If yes, provide dates: \_\_\_\_\_

If required, are you willing to travel?  Yes  No

If required, are you available to work overtime?  Yes  No

If hired, are you willing to submit to and pass a controlled substance test?  Yes  No

Do you speak, write and/or understand any foreign language(s)?  Yes  No

If yes, please indicate language(s) and proficiency: \_\_\_\_\_

Are you currently employed?  Yes  No

If yes, may we contact your current employer?  Yes  No

Do you anticipate working, in either a part-time or full-time capacity, with another employer during employment at New Benefits?  Yes  No

Where you given a performance evaluation within the last 12 months of active employment?  Yes  No

If yes, what was the feedback provided by your supervisor? \_\_\_\_\_

Have you ever been involuntarily terminated?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you signed a non-compete or non-solicit agreement with any other employer that might restrict you from working for this company?  Yes  No

If yes, please explain: \_\_\_\_\_

(You may be required to furnish a copy of the agreement)

### EDUCATION (May or may not be considered depending on job applied for)

Name, City and State of Educational Institution	Graduated?		If no Degree, Credits Earned	Type of Degree Received or Expected	Major	Minor
	Yes	No				
High School						
College or University						
Technical/GED						
Licenses/Certifications/Other						

**EMPLOYMENT HISTORY:**

(Please complete for full-time or part-time employment beginning with most recent employer. You may include, as part of your employment history, any verified work performed on a volunteer basis.) **Even if you attach a resume, this section must be completed.**

Company Name		Telephone	
Address		Dates Employed	From To
Name of Supervisor	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Last Rate of Pay	
Position(s)		Reason for Leaving	

Company Name		Telephone	
Address		Dates Employed	From To
Name of Supervisor	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Last Rate of Pay	
Position(s)		Reason for Leaving	

Company Name		Telephone	
Address		Dates Employed	From To
Name of Supervisor	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Last Rate of Pay	
Position(s)		Reason for Leaving	

**REFERENCES:** (Please list two to three **professional** contacts.)

Name	Address	Phone	Relationship

## Applicant's Acknowledgement

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document may disqualify me from further consideration for employment. I further understand that if employed, any misrepresentations or omissions of facts in any application document may be cause for my dismissal at any time without prior notice. I consent to and authorize New Benefits, Ltd. to contact my former employers, references and any and all other persons and organizations provided, for information bearing upon my qualifications for employment. I further authorize the listed employers, schools and professional references to give New Benefits, Ltd. (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a good faith reference.

I expressly agree and understand that, if employed, my employment is not for a specific term, is based on mutual consent and may be terminated by me or my employer with or without notice or cause at any time. I further understand that no oral promise, or employer policy constitutes an employment contract or modification of the at-will employment relationship between me and the employer.

I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver's examination; complete a motor vehicle record request; submit to a background investigation; take a pre-employment drug test. If I am offered employment to start work before any required test is complete, my employment is contingent on a satisfactory result on all required tests. I authorize the release of any background check results of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document.

I acknowledge that this application will remain active for 30 days from this date. If I have not heard from New Benefits, Ltd. at the conclusion of this 30-day period, it is my responsibility to complete a new application if I still wish to be considered for employment.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_