



JOB APPLICATION FORM

Note: Hive is an equal opportunity employer. All applicants are evaluated without regard to race, color, religion, gender, national origin, age, marital or veteran status, disability status or any other legally protected status.

Position:

Date:

How did you hear about this position?

Have you ever worked for this company before?

Yes

No

Explain

Do you know anyone who works for our company?

Yes

No

If yes, who?

First name:

Middle:

Last Name:

Phone Number:

Email Address:

Address:

City:

State:

ZIP

Social Security Number:

D.O.B:

On What date would you be available for work?

Can you work overtime, including weekends?

Yes

No

Desired Wage/ Salary

Are you authorized to work in the USA without any restriction?

Yes

No

Have you ever been involuntarily terminated or asked to resign from any position of employment? Yes No

If Yes, please describe the circumstances:

If selected for employment, are you willing to submit to a pre-employment drug screening test? Yes No

If selected for employment, are you willing to submit to a pre-employment background screening? Yes No

Education

School Name	Location	Years attended	Degree Received	Major
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Other training, certifications or licenses held:

List of other information pertinent to the employment you are seeking:

EMPLOYMENT (MOST RECENT FIRST)

EMPLOYER 1 NAME

JOB TITLE

DATES EMPLOYED: FROM TO

LOCATION OF BUSINESS: CITY STATE

PHONE #

NAME OF SUPERVISOR

SUPERVISOR'S JOB TITLE

STARTING SALARY ENDING SALARY

DUTIES PERFORMED:

SPECIFIC SKILLS REQUIRED:

REASON FOR LEAVING

EMPLOYER 2 NAME

JOB TITLE

DATES EMPLOYED: FROM TO

LOCATION OF BUSINESS: CITY STATE

PHONE #

NAME OF SUPERVISOR

SUPERVISOR'S JOB TITLE

STARTING SALARY ENDING SALARY

DUTIES PERFORMED

SPECIFIC SKILLS REQUIRED:

REASON FOR LEAVING

EMPLOYER 3 NAME

JOB TITLE

DATES EMPLOYED: FROM TO

LOCATION OF BUSINESS: CITY STATE

PHONE #

NAME OF SUPERVISOR

SUPERVISOR'S JOB TITLE

STARTING SALARY ENDING SALARY

DUTIES PERFORMED:

SPECIFIC SKILLS REQUIRED:

REASON FOR LEAVING

Acknowledgement and Authorization

PLEASE NOTE: THIS APPLICATION FOR EMPLOYMENT SHALL BE CONSIDERED ACTIVE FOR A PERIOD OF TIME NOT TO EXCEED 45 DAYS. ANY APPLICANT WISHING TO BE CONSIDERED FOR EMPLOYMENT BEYOND THIS TIME SHOULD INQUIRE AS TO WHETHER OR NOT APPLICATIONS ARE BEING ACCEPTED AT THAT TIME.

Please check and sign each statement below:

I certify that the answers given herein are true and complete to the best of my knowledge

Signature

"I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Hive to hire me. If I am hired, I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

"In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge at any time thereafter. I understand, also, that I am required to abide by all rules and regulations of the employer."

By typing your name in the below box you acknowledge that you have read and understand the above.

Signature of Applicant

Date