Honey Bee Academy's

Application for Employment – We are an Equal Opportunity Employer

Full Name:							
Address:	City/Zip:						
Home Phone:	Cell:	Email:	Email:				
	ble to work in the U.S.? If Yes, please explain	· · ·	-				
Languages Read, W	ritten or Spoken Fluentl	y:					
Education:							
High School / University	Location	# Years Completed	Degree(s) Held	Field of Study			
	tificates held - Type, Nur						
Employer:	er: Date (From–To):						
Specific Duties:							
Hours per Week:	Last Salary:	Super	visor:				
Reason for leaving:							
May we contact thi	s employer? (Y/N):						

Employer:		Date (From–To):		
Address:				
Hours per Week:	Last Salary:	Supervisor:		
Reason for leaving:	<u>.</u>			
May we contact this emp	loyer? (Y/N):	Phone:		
		please use the back of this paper.)		

Indicate Days, Hours & Shift (M-Morning A-Afternoon) you are available for work:

Position Applying For: _____

DAY	Monday	Tuesday	Wednesday	Thursday	Friday
Hours					
Shift					

Are you able to perform the essential functions of the job you are applying for with or without accommodations? (Y/N) _____

Do you have additional skills, abilities or honors that should be considered?

I certify that all answers and statements in this application are true and complete to the best of my knowledge. I understand that should there be any false or misleading information or omissions in my application or any other materials submitted for this position or during my interviews, my application maybe rejected or if hired, my employment with Honey Bee Academy LLC immediate terminated.

I authorize Honey Bee Academy LLC to conduct all required tests, examinations and background checks to verify the information I have provided. I also authorize all previous employers or persons who have knowledge of me or my records to release such information to Honey Bee Academy LLC. I herby release Honey Bee Academy LLC and any persons or companies involved in conducting a background inquiry regarding me from all claims, damages or liabilities that may arise from the information obtained by such investigation.

Signature of Applicant: Date: