

APPLICATION FOR EMPLOYMENT

The Hive – Erlanger

480 Erlanger Road, Erlanger, KY 41018

The Hive is an equal Employment Opportunity Employer. Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability or handicap, or any other legally protected status. All qualified applicants will be given equal opportunity and selection decisions are based solely on job-related factors. **Please complete all sections, if not applicable, please indicate N/A/.**

PERSONAL INFORMATION

Use the additional space on the back of this form, if needed.

Name (Full – Last, First, MI)		What date are you available to start work?		
Street Address:		City	State	Zip
Home Phone	Business Phone		Email:	
Have you previously been employed by our company? ___ Yes ___ No When?		Do you have any friends or relatives working here ___ Yes ___ No If so, please list _____		
Are you legally authorized to work in the United States? ___ Yes ___ No		Are you at least 18 years of age? ___ Yes ___ No		
Can you provide proof of eligibility to work in the US? ___ Yes ___ No (Proof of eligibility will be required before you can be employed)		If Under 18, list D.O.B.: ____/____/____		
Position(s) applied for:			Are you willing to work: ___ 1 st shift ___ 2 nd Shift ___ Special Events	

Education

High School	Circle grade completed 1 2 3 4			Did you graduate?	
City/State					
College	Degree Received Or Expected		Average Grade	Course Major/Field	
City/State					

Other job-related, educational institutions, licenses, certifications, any specialized training, apprenticeship, skills or any additional information you feel may be helpful to us in considering your application.

Do you have a reliable means of transportation to and from work? _____

EMPLOYMENT HISTORY (List below last employers, starting with the most recent one first)

Present or Last Position	Name of Company	From Mo/Yr	To Mo/Yr
Street Address:		City	State Zip
Duties:		Reason for Leaving:	
Name of Supervisor	Title and Department of Supervisor	Phone Number of Supervisor	If currently employed, may we contact your supervisor?

Next Previous Position	Name of Company	From Mo/Yr	To Mo/Yr
Street Address:		City	State Zip
Duties:		Reason for Leaving:	
Name of Supervisor	Title and Department of Supervisor	Phone Number of Supervisor	

If currently employed, may we contact your present employer? Yes No

References

List at least three responsible adults who have knowledge of your work ethic, experience, and ability.
(Do not include relatives)

Name	Address	Telephone No.	Occupation

Additional Space (if needed):

Are you currently on lay-off and subject to recall? Yes No

Are you bound by any non-compete agreements with your current or former employer(s) Yes No If yes, attach a copy of agreement.

Do you have any commitments or other agreements with another employer that might affect your employment with (Company)? Yes No

If yes, please explain: _____

Please describe any experience or special training received in the military or in government service related to the position for which you are applying:



PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING

JOB APPLICANT'S AGREEMENT AND CERTIFICATION

- In consideration of my employment, I agree to conform to the policies and procedures of the company. I understand that in accepting this application, the company is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed at will and that my employment and compensation can be terminated with or without reason, and with or without notice at any time.
- I understand that this application will be kept on file for one year from the date completed, after which time I would have to reapply in accordance with established company procedures.
- I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information or significant omissions on either this application or during the pre-employment process will result in my application being rejected or may be cause for subsequent dismissal if I am hired.
- I also understand that any offer of employment is conditioned on pre-employment procedures, which includes a background check, tests and documentation. I will, upon request, sign all necessary consent and authorization and release forms. I voluntarily and knowingly authorize the company and/or its agents, to verify any aspect of the information contained in my employment application or through public and private sources. I authorize any third-party organization to perform a consumer report and background investigation. I also authorize and consent any companies, schools or persons listed on this application (or accompanying resume) to give any information regarding my employment, qualifications, and character to (Company). I understand that the employment information may include, but is not necessarily limited to, performance evaluation and reports, job descriptions, disciplinary reports, letters of reprimand, and opinions regarding my suitability for employment possessed by it.
- I voluntarily and knowingly, fully release and discharge, absolve, indemnify and hold harmless you, your agents and any former employer, person, firm, corporation, school or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release of any such information to you, your agents, or consumer reporting agency.
- I understand that I may be required to take a drug test as a part of the application process, as a condition of employment or at any time during employment. I may also be required to take and pass a physical exam if I am selected for employment and before beginning employment.
- **I agree that any claim or lawsuit relating to my service with (Company) must be filed no more than twelve (12) months after the date of the action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.**
- **I have read and understand the contents of this employment application and am fully able and competent to complete it.**

Date

Signature