



# OLIVAREZ HONEY BEES, INC.

6398 COUNTY ROAD 20 | P.O. BOX 847 | ORLAND, CA 95963

## APPLICATION FOR EMPLOYMENT

OHB is proud to be a leader in the beekeeping industry and highly values its partnerships with landowners, customers, vendors and communities. We know that bees are vital to a thriving environment and we're proud to be replenishing hives across North America with strong and healthy queens and bees. Our employees are made up of committed and passionate individuals who work collectively to support one another and understand the intricate role each individual contributes to the overall OHB Hive (Team). Our employees embrace our philosophical principals that "It's all about the bees". These are the qualities that allow OHB to deliver a variety of amazing products and we look forward to continuously growing our talented Team.

Name: \_\_\_\_\_  
(Last Name) (First) (Middle)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

1. Are you at least 18 years of age? (If under 18, hire is subject to verification that you are of minimum legal for employment.)  Yes  No
2. If hired, can you present evidence of U.S. citizenship or proof of your legal right to live and work in this country?  Yes  No
3. If hired, would you have reliable means of transportation to and from work?  Yes  No
4. If hired, working in Montana and/or Hawaii may be required. Is this an issue?  Yes  No
5. Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodations?  Yes  No  
If no, describe the functions that cannot be performed:

\_\_\_\_\_

Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.

## JOB INTEREST AND AVAILABILITY

Position Desired: \_\_\_\_\_

If hired, date you can start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you applying for regular full-time work? .....  Yes  No

Are you applying for part-time or seasonal work? .....  Yes  No

Are you available to work on weekends? .....  Yes  No

Would you be willing to work overtime if necessary? .....  Yes  No

Have you ever applied for or worked for Olivarez Honey Bees in the past? .....  Yes  No

Do you have any relatives or friends working for Olivarez Honey Bees? .....  Yes  No

If yes, state the name(s) and relationship:

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

If you were referred to this position by an OHB employee, list their name and job title:

\_\_\_\_\_  
Name Job Title

## EDUCATION AND TRAINING

Circle Highest Grade Completed:    6    7    8    9    10    11    12    13    14    15    16+

SCHOOL NAME	LOCATION	COURSE DEGREE
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High School: \_\_\_\_\_

College: \_\_\_\_\_

Technical/Vocational: \_\_\_\_\_

Other Training or Skills: \_\_\_\_\_

List office machines, computers or other equipment you can use: \_\_\_\_\_

## EMPLOYMENT HISTORY

Start with your present or last job. Include any job related military service assignments and volunteer activities.  
You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Dates: (From) \_\_\_\_\_ (To) \_\_\_\_\_ May we contact this employer for a reference?  Yes  No

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Dates: (From) \_\_\_\_\_ (To) \_\_\_\_\_ May we contact this employer for a reference?  Yes  No

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Dates: (From) \_\_\_\_\_ (To) \_\_\_\_\_ May we contact this employer for a reference?  Yes  No

Reason for Leaving: \_\_\_\_\_

## REFERENCES

List below three persons not related to you who have knowledge of your work performance within the last three years.

Full Name: _____	Telephone: _____
Address: _____	City, State: _____
Occupation: _____	Number of Years Known: _____

Full Name: _____	Telephone: _____
Address: _____	City, State: _____
Occupation: _____	Number of Years Known: _____

Full Name: _____	Telephone: _____
Address: _____	City, State: _____
Occupation: _____	Number of Years Known: _____

### Please Read Carefully, Initial Each Paragraph and Sign Below

\_\_\_\_\_  
Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that, I the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed regardless of the time elapsed before discovery.

\_\_\_\_\_  
Initials

I hereby authorize Olivarez Honey Bees, Inc to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and further authorize the references I have listed to disclose to the company and any other information related to my work records without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_  
Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice at the option of either myself or the company and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

\_\_\_\_\_  
Initials

I understand that if I am offered a position with Olivarez Honey Bees, Inc., it will be contingent upon the results of any and all pre-employment screenings.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date