

725 Independent Road  
Oakland, CA 94621

725 Julie Ann Way  
Oakland, CA 94621



5900 Coliseum Way  
Oakland, CA 94621

740 Julie Ann Way  
Oakland, CA 94621

510-636-0852 phone | 510-636-0880 fax | [BeeGreen.green](http://BeeGreen.green) | [accounting@BeeGreen.green](mailto:accounting@BeeGreen.green)

## APPLICATION FOR EMPLOYMENT

### THIS IS A DRUG FREE WORKPLACE

This organization does not discriminate in hiring or employment on the basis of race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (40 or older), disability or genetic information, protected veteran's status, or on the basis of any other legally impermissible reason.

PLEASE PRINT: All blanks must be completed; "see resume" is not permissible.

IDENTIFICATION			
LAST NAME	FIRST NAME	MIDDLE NAME	OTHER NAMES USED (do not include nicknames)
PREFERRED NAME	CURRENT STREET ADDRESS	CITY	STATE ZIP CODE
HOME NUMBER	MOBILE NUMBER	EMAIL ADDRESS	SOCIAL SECURITY NUMBER <b>REQUIRED AT HIRE</b>
Have you resided at your current address for the past seven years? YES NO If not, list your addresses for the past seven years below.			
PREVIOUS HOME ADDRESS (No., Street, Apt. No.)	CITY	STATE ZIP CODE COUNTY	FROM (MM-YY) / TO (MM-YY)
PREVIOUS HOME ADDRESS (No., Street, Apt. No.)	CITY	STATE ZIP CODE COUNTY	FROM (MM-YY) / TO (MM-YY)
How did you hear about our company?			
Do you have any relatives who currently work for Bee Green? If YES, please identify them below: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Name of relative	Location	Current Role	
Name of relative	Location	Current Role	
If hired, can you provide proof of eligibility to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO			

PERSONAL	
What position are you applying for?	Date available to start:
FULL-TIME: <input type="checkbox"/> YES <input type="checkbox"/> NO	PART-TIME: <input type="checkbox"/> YES <input type="checkbox"/> NO
Are you under 18 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO	SHIFT WORK: <input type="checkbox"/> YES <input type="checkbox"/> NO
Foreign Language Skills: Please specify language and level of proficiency for each (Basic, Moderate, Fluent). SPEAK: READ: WRITE:	Can you travel if your job requires it? <input type="checkbox"/> YES <input type="checkbox"/> NO
Software Applications: Please list software applications and level of proficiency for each (Beginner, Intermediate, Expert).	
List heavy machinery you are certified to operate:	

EDUCATION				
SCHOOL NAME	CITY, STATE, ZIP CODE	MAJOR/MINOR	DATES ATTENDED	DEGREE
HIGH SCHOOL/GENERAL EDUCATION DEVELOPMENT INSTITUTION			NOT REQUIRED	<input type="checkbox"/> DIPLOMA    GED NONE
UNDERGRADUATE COLLEGE				
GRADUATE COLLEGE				
PROFESSIONAL TRADE, BUSINESS, TECHNICAL, OR OTHER				
Describe any other job-related training received in the United States Military, military services from other countries, or other job-related skills, certificates, licenses and other qualifications acquired from employment or other experience.				
List academic, professional, trade, business or civic activities and offices held. You may exclude memberships which may reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.				

REFERENCES			
PERSONS FAMILIAR WITH YOUR WORK OR ACADEMIC BACKGROUND. PLEASE LIST THREE EXCLUDING FORMER SUPERVISORS.			
NAME	POSITION AND COMPANY	EMAIL ADDRESS	TELEPHONE NUMBER
NAME	POSITION AND COMPANY	EMAIL ADDRESS	TELEPHONE NUMBER
NAME	POSITION AND COMPANY	EMAIL ADDRESS	TELEPHONE NUMBER

EMPLOYMENT DATA			
LAST TWO EMPLOYERS BEGINNING WITH PRESENT OR MOST RECENT			
NAME AND ADDRESS OF CURRENT OR LAST EMPLOYER (include street address, city & state, and zip code)			
TELEPHONE	SUPERVISOR NAME AND TITLE	EMPLOYED FROM MO/YR	EMPLOYED TO MO/YR
POSITION(S) HELD:		LIKES	DISLIKES
WORK PERFORMED:		REASON FOR LEAVING	
If still employed, may we contact your current employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME AND ADDRESS OF CURRENT OR LAST EMPLOYER (include street address, city & state, and zip code)			
TELEPHONE	SUPERVISOR NAME AND TITLE	EMPLOYED FROM MO/YR	EMPLOYED TO MO/YR
POSITION(S) HELD:		LIKES	DISLIKES
WORK PERFORMED:		REASON FOR LEAVING	

PROFESSIONAL LICENSE				
PLEASE LIST ALL PROFESSIONAL LICENSES YOU HOLD				
TYPE OF LICENSE	STATE	LICENSE NUMBER	NAME ON LICENSE	IS YOUR LICENSE IN GOOD STANDING?

## NOTICE AND ACKNOWLEDGMENT CONCERNING DRUG-TESTING POLICY

This is to inform you that the Company will conduct testing where permitted to identify job applicants who may be using illegal drugs and current employees who may be under the influence of illegal drugs and/or alcohol in the workplace. You have the right to refuse to undergo testing. However, an applicant's refusal to undergo testing will result in the termination of the pre-employment selection process, and an associate's refusal to undergo testing will result in disciplinary action up to and including discharge. An applicant who fails a test will not be hired and an associate who fails a test will be subject to disciplinary action up to and including discharge.

Acknowledgment: I have read and understand the above written notice.

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PRINTED NAME OF APPLICANT

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APPLICANT'S SIGNATURE

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DATE

### READ THOROUGHLY BEFORE SIGNING

I certify that all information contained in this Application for Employment is true and complete. Any incorrect or misleading statement(s) will render this application void. I understand that this application will remain in effect for 90 days from the date it is submitted. I must renew my application to be considered for other job openings after 90 days. I understand that completion of this application does not constitute an offer or promise of employment. I authorize the Company to contact my References and understand that, as a condition of employment, the Company will require successful completion of a background check that complies with the Company's pre-employment screening policies.

I understand that the company carries auto insurance that lists certain employees if their job duties requires them to drive company vehicles. I understand that unless my background is acceptable to the insurance company, the Company may be unable to offer me employment in any position for which such insurance is required.

In the event of my appointment to a position, I shall comply with all company policies and procedures. It is understood and agreed that any misrepresentation, omission or false statement that I make in this application will be sufficient cause for the Company to withdraw an offer of employment and/or terminate my employment, regardless of when the misrepresentation, omission or false statement is discovered.

If hired, I will be an At-Will employee and understand that my employment can be terminated by either party at any time with or without cause or notice.

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PRINTED NAME OF APPLICANT

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APPLICANT'S SIGNATURE

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DATE