



BEEHIVE PIPE PRODUCTS

Corporate Offices

P.O. Box 708490

Sandy, UT 84070

Phone (801) 255-7145 Fax (801) 565-4676

Signature of Applicant _____ Date _____

Name _____ Phone (____) _____

*Current Address _____

Street

City

State

Zip Code

*If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

Street _____ City _____ State _____ Zip Code _____

Street _____ City _____ State _____ Zip Code _____

Position applying for _____ Temporary _____ Part Time _____ Full Time _____

Who referred you? _____ Rate of pay expected? _____

Have you worked for this company before? _____ Dates: From _____ To _____
month/year month/year

Where? _____ Rate of Pay _____ Position _____

Reason for leaving _____

Names of any relatives employed by this company _____

Are you currently employed? _____ If not, how long since leaving last employment? _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended _____

Name

Address

GENERAL

Subjects of Special Study or Research Work _____

Job Related Skills (typing, driver's license, etc.) _____

Activities Other Than Religious (civic, athletic, etc.) _____

EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, SEX, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS

EMPLOYMENT RECORD

Current Employer _____ Supervisor's Full Name _____
 Full Address _____ Zip _____ Phone (____) _____
 Position Held _____ From _____ To _____ Salary _____
month/year month/year

Reason for Leaving _____

Current Employer _____ Supervisor's Full Name _____
 Full Address _____ Zip _____ Phone (____) _____
 Position Held _____ From _____ To _____ Salary _____
month/year month/year

Reason for Leaving _____

Current Employer _____ Supervisor's Full Name _____
 Full Address _____ Zip _____ Phone (____) _____
 Position Held _____ From _____ To _____ Salary _____
month/year month/year

Reason for Leaving _____

REFERENCES List below three persons not related to you, whom you have known at least one year.

Name	Address	Position	Years Acquainted
1			
2			
3			

Date _____ Signature _____

AUTHORIZATION

I authorize investigation on all statements contained in this application. I understand that misrepresentation of information requested is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without case and without any previous notice.

Date _____ Signature _____

In Case of Emergency Notify Name _____
 Address _____
 Phone (____) _____ Work Phone (____) _____

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Interviewed by _____ Date _____

REMARKS: _____

INS Form 1-9 completed? Yes No

Hired _____ For Dept. _____ Position _____ Will Report _____ Salary/Wages _____

Approved: 1. _____ 2. _____ 3. _____

Employment Manager

Dept. Head

General Manager

