



**HONEY PRODUCERS**  
Association, inc.  
Established in 1864

## APPLICATION FORM – 2023 WISCONSIN HONEY QUEEN

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

SCHOOL CURRENTLY ATTENDING (IF APPLICABLE), AREA OF STUDY, AND YEAR IN SCHOOL:

\_\_\_\_\_  
\_\_\_\_\_

HIGH SCHOOL FROM WHICH YOU GRADUATED AND YEAR OF GRADUATION:

\_\_\_\_\_

LIST ACTIVITIES AND HOBBIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMPLOYMENT HISTORY (LAST THREE EMPLOYERS)

Employer:	
City/State:	
Dates of Employment:	
Duties:	
Reason for Leaving:	

<b>Employer:</b>	
<b>City/State:</b>	
<b>Dates of Employment:</b>	
<b>Duties:</b>	
<b>Reason for Leaving:</b>	
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<b>City/State:</b>	
<b>Dates of Employment:</b>	
<b>Duties:</b>	
<b>Reason for Leaving:</b>	

*I certify that all answers to questions on this application are true and complete. I understand that falsification of this application may result in disqualification or removal from a position with the Wisconsin Honey Producers Association.*

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SEND COMPLETED FORM, DIGITAL PHOTO, RECIPES, AND ESSAY TO:**  
**Wisconsin Honey Queen Program**  
**10432 W. Norwich Ave.**  
**Greenfield, WI 53228**  
**414.429.5502**  
**wihoneyqueenprogram@gmail.com**