

Application For Employment

Company policy, Federal and State law prohibit discrimination on the basis of race, color, religion, national origin, sex, age or handicap

Personal

Last Name	First Name	Initial	Social Security No.	Date
Current Address		City	State	Zip
Telephone				
Are you less than 18 yrs. of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Can you, after employment, submit verification of you legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other name(s) under which you have been previously employed:		Names of friends or relatives employed at this company:		
Have you ever applied at this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, give date and position applied for:		Have you ever been employed at this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, give dates of employment:				
Are there any reasons that my cause absenteeism, lateness, or daily early departure from the job during your employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, please explain		
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your present employer? <input type="checkbox"/> Y <input type="checkbox"/> N	Are you on a layoff and subject to a recall? Y N	Do you have any restrictions or obligations that would prevent you from working: Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No Consistently <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes list dates, offenses and disposition (Convictions are not an automatic disqualification from employment)			
Name of person to notify in case of emergency:	Address	City	State	Zip Telephone

Employment Interests

Position or area of interest:	Second choice:	Date available	Salary expected
Type of employment you are seeking <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Shifts you can work <input type="checkbox"/> Weekday <input type="checkbox"/> Weekend <input type="checkbox"/> Both		
How were you referred to our company? <input type="checkbox"/> Newspaper <input type="checkbox"/> Flower Fields website <input type="checkbox"/> Other website <input type="checkbox"/> Employee <input type="checkbox"/> School <input type="checkbox"/> Self <input type="checkbox"/> Other		Name of referral source	

Education/Military Service

School or Institution	Name and Address of School	Major	Units Completed and Grade Average	Degrees and/or Diplomas
High School				Date
College				Date
Other				Date
Honors or awards received:		Professional certificates or licenses held:		Hobbies or special interests:
Please indicate any foreign languages that you: Speak Read Write			Are you taking educational courses at present? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what and where?	
Extracurricular activities related to job			Present community and professional affiliations - offices held <small>(Exclude affiliations which indicate race, religion, color or national origin)</small>	
U.S. Military service <input type="checkbox"/> Yes <input type="checkbox"/> No		Branch		Highest rank held
U.S. Military duties that relate to this job				Special training

References

List people we may contact who are qualified to evaluate your capabilities (Do not include relatives)	Telephone	Occupation	Years Known
Name Address City State Zip			

Employment History

Give employment record as completely as possible, listing current or most recent employer first. Show unemployed or self-employed periods and indicate dates and comment on each period. Include part-time or summer work only if you are a recent graduate. You may use extra sheets for additional information.

Company name (current or last)	Address	Telephone	Dates employed (month/year)	
			From:	To:
Job title	Supervisor's name and title	Type of business	Base rate of pay (Hr./week/month)	
Description of duties:			Reason for leaving	
If still employed, may we contact this employer? <input type="checkbox"/> Yes				
Company name (next previous)	Address	Telephone	Dates employed (month/year)	
			From:	To:
Job title	Supervisor's name and title	Type of business	Base rate of pay (Hr./week/month)	
Description of duties:			Reason for leaving	
Company name (next previous)	Address	Telephone	Dates employed (month/year)	
			From:	To:
Job title	Supervisor's name and title	Type of business	Base rate of pay (Hr./week/month)	
Description of duties:			Reason for leaving	
Company name (next previous)	Address	Telephone	Dates employed (month/year)	
			From:	To:
Job title	Supervisor's name and title	Type of business	Base rate of pay (Hr./week/month)	
Description of duties:			Reason for leaving	
Company name (next previous)	Address	Telephone	Dates employed (month/year)	
			From:	To:
Job title	Supervisor's name and title	Type of business	Base rate of pay (Hr./week/month)	
Description of duties:			Reason for leaving	
<p><i>If additional space is required, please attach a separate page.</i></p>				

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID.

I CERTIFY THAT ALL ANSWERS OR STATEMENTS I HAVE MADE ON THIS APPLICATION OR ON MY RESUME OR OTHER SUPPLEMENTARY MATERIALS ARE TRUE AND CORRECT WITHOUT OMISSIONS. I ACKNOWLEDGE THAT ANY FALSE STATEMENT OR MISREPRESENTATION ON THIS APPLICATION OR SUPPLEMENTARY MATERIALS WILL BE CAUSE FOR REFUSAL TO HIRE OR FOR IMMEDIATE DISMISSAL FROM EMPLOYMENT AT ANY TIME DURING THE PERIOD OF MY EMPLOYMENT. I AUTHORIZE MY PAST EMPLOYERS AND/OR SCHOOLS TO FURNISH ANY INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND/OR EDUCATION.

I RELEASE THIS COMPANY AND ALL PERSONS AND ORGANIZATIONS FROM ALL CLAIMS AND LIABILITIES OF ANY NATURE ARISING FROM SUCH INVESTIGATIONS OR THE SUPPLYING OF INFORMATION FOR SUCH INVESTIGATIONS. IN MAKING THIS APPLICATION FOR EMPLOYMENT I ALSO UNDERSTAND THAT AN INVESTIGATIVE CONSUMER REPORT MAY BE MADE WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH MY NEIGHBORS, FRIENDS OR OTHERS WITH WHOM I AM ACQUAINTED. THIS INQUIRY MAY INCLUDE INFORMATION ON MY CHARACTER, GENERAL REPUTATION, AND PERSONAL CHARACTERISTICS. I UNDERSTAND THAT I HAVE THE RIGHT TO MAKE A WRITTEN REQUEST WITHIN A REASONABLE PERIOD OF TIME TO RECEIVE ADDITIONAL, DETAILED INFORMATION ABOUT THE NATURE AND SCOPE OF THIS INVESTIGATIVE CONSUMER REPORT.

I HAVE NO OBJECTION TO MAKING APPLICATION FOR A FIDELITY BOND OR SECURITY CLEARANCE, SIGNING AN EMPLOYEE AGREEMENT ON CONFIDENTIAL INFORMATION AND INVENTIONS OR TAKING A PHYSICAL/MEDICAL EXAMINATION AT ANY TIME AT THE OPTION AND EXPENSE OF THE COMPANY. IF HIRED, I WILL BE REQUIRED TO SUBMIT PROOF OF U.S. CITIZENSHIP. I UNDERSTAND THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME AND MAY BE TERMINATED AT ANY TIME BY THE COMPANY OR BY ME WITH OR WITHOUT CAUSE. I HAVE READ AND UNDERSTAND THE FOREGOING STATEMENTS AND ACCEPT THE SAME AS CONDITIONS OF EMPLOYMENT.

Signature of applicant: _____ Date: _____