

# **Flower World, Inc.**

## Application For Employment

Position(s) Applied For	Date of Application
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Current/Former Employee (Name) _____ <input type="checkbox"/> Walk-In <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Initial	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Telephone Number(s)		Salary Desired	

Are you under the age of 18? (If so, you are required to provide proof of your eligibility to work.) <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span>
Have you ever filed an application or worked with us before? <span style="margin-left: 100px;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span> <span style="margin-left: 50px;">If Yes, Provide Date _____</span>
Are you currently employed? <span style="margin-left: 20px;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span> <span style="margin-left: 50px;">If so, may we contact your present employer?</span> <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span>

On what date are you available to begin work? _____							
Please fill in hours of each day you are able to work (9am - 5pm, 1pm - 4pm, etc.)	MON	TUE	WED	THUR	FRI	SAT	SUN

### Education

	Years Attended	Did You Graduate?	Subjects Studied
High School			
College			
Other			

### Specialized Skills/Activities

Summarize special job-related training and skills acquired from employment or other experience and/or extracurricular activities that support employment.
Please note past or present U.S. Military or Naval service and/or present membership in the National Guard or Reserves.

**Employment History** *(List last four employers, starting with most recent)*

Month and Year	Name, City and Telephone Number of Employer	Salary	Position	Reason for Leaving
From - To				
From - To				
From - To				
From - To				

**References** *(Provide three non-relatives you have known at least one year.)*

Name	Telephone Number	Connection or Relationship	Years Known

**Equal Opportunity Employer**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

**Please Read Carefully Before Signing**

I understand that in the event I am employed by Flower World, Inc., I am employed "at-will", which means the term of my employment is not definite and my employment may be terminated at any time, with or without cause or notice, by either myself or my employer.

I represent that the answers and information given by me in the Application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application may be grounds for termination.

I authorize investigation of all statements made in this application and references and employers listed to provide information without receiving separate written consent from me. This authorization does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

By my signature below, I acknowledge and consent to a thorough background check and release any information regarding my past work performance.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date