

Application for Employment Ashland Addison Florist

Today's Date: _____

Name
_____ last first middle

Street Address
_____ street city state zip code

Telephone () ()
_____ home phone beeper/other phone #

Marital Status Single Engaged Married Separated Divorced Widowed

Date of Birth / / (optional) Social Security # _____

Driver's License # _____

Position (s)
Applied for _____

Type of employment desired Full Time Part Time Pay Expected _____

Are you willing to work overtime? _____

Date available for work _____

Are you over 18 years of age? _____

Are you legally eligible for employment in this country ? _____

Have you been convicted of a crime in the last seven (7) years? _____

If "YES" please explain _____

SKILLS AND QUALIFICATIONS: Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying _____

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EDUCATIONAL BACKGROUND:

School	Name And Location	Years Completed	Graduate?
Graduate			
College			
Business/Trade Technical			
High School			

EMPLOYMENT HISTORY:

From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor and Title		Summarize the Nature of Work Performed and Job Responsibilities	
Reason for Leaving		Hourly Rate/Salary	
		Start \$	Per Final Per

From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor and Title		Summarize the Nature of Work Performed and Job Responsibilities	
Reason for Leaving		Hourly Rate/Salary	
		Start \$	Per Final \$ Per

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REFERENCES:

Name	Telephone	Years Known
1.		
2.		
3.		
4.		

I UNDERSTAND THAT IF I AM EMPLOYED, ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE DISCHARGE From THE EMPLOYER'S SERVICE, WHENEVER IT IS DISCOVERED.

I GIVE THE EMPLOYER THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING, GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

THE EMPLOYER DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTIONS ON THIS APPLICATION ARE USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE OR FEDERAL LAW.

THIS APPLICATION IS CURRENT FOR ONLY 60 DAYS, AT THE CONCLUSION OF THIS TIME, IF I HAVE NOT HEARD FROM THE EMPLOYER AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY TO FILL OUT A NEW APPLICATION.

IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN, WITH OR WITHOUT CAUSE, AND WITH AT LEAST 2 WEEKS PRIOR NOTICE, THE EMPLOYER RESERVES THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER, OTHER THAN AN AUTHORIZED OFFICER, HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY, I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

I UNDERSTAND IT IS THIS COMPANY'S POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON'S NEED FOR REASONABLE ACCOMMODATIONS AS REQUIRED BY THE ADA.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

I REPRESENT AND WARRANT THAT I HAVE READ FULLY, UNDERSTAND, AND SEEK EMPLOYMENT UNDER THESE CONDITIONS

Signature of Applicant _____