



Employment Application

Please complete both sides of the application.

Application Date: _____

We appreciate you considering us as a potential employer. We are an equal opportunity employer, and will not unlawfully discriminate on the basis of race, color, gender, religion, national origin, age, height, weight, medical condition or disability, marital or veteran status.

Personal Information

Please print legibly

Last Name

First Name

Middle Initial

Home Phone

Cell Phone

Email Address

Employment Desired

Position Interested In: _____

Type of work (circle)

Day/date you can start work: _____

Full-time Part-time Seasonal

Were you previously employed by Masterpiece Flower Company?

Yes No

If yes, give dates: _____

Do you have reliable transportation to and from work?

Yes No

How many hours would you like to work per week? _____

How did you hear about this opportunity?

Referral (please provide name)

Online Job Board (please provide name)

Website

Other

Availability

Please indicated the days and times you are available to work:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

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Education

School Name	Years Atended	Degree/Certification	Major/Program Studied

Employment History

	Current/Most Recent	Previous Job	Previous Job
Company Name:			
Company Address:			
Telephone Number:			
Position Held:			
Immediate Supervisor Name:			
May we contact employer?			
Dates of Employment:			
Job Responsibilities:			

I certify that all the information submitted on this applicatin is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated at any time with or without cause, and with or without notice at any time by the company. I understand that no company representative, other than its president and then only when in writing and signed by the president, has any authority to enter into any agreement for any specific period of time, or to make any agreement contrary to the foregoing. This application shall be considered active for a time not to exceed 45 days, at which time you may inquire as to whether or not applications are being accepted at that time.

Applicant Signature: _____

Date: _____