

## EMPLOYMENT APPLICATION

### Attention Applicant:

- Please complete both pages of the application
- Ensure all addresses and phone numbers are completed
- Resumes are only accepted with a completed application

Date of application: \_\_\_\_\_

|           |            |                |                        |
|-----------|------------|----------------|------------------------|
| LAST NAME | FIRST NAME | MIDDLE INITIAL | SOCIAL SECURITY NUMBER |
|-----------|------------|----------------|------------------------|

|                |      |       |     |              |                |                      |
|----------------|------|-------|-----|--------------|----------------|----------------------|
| STREET ADDRESS | CITY | STATE | ZIP | PHONE NUMBER | MESSAGE NUMBER | BEST TIME TO CONTACT |
|----------------|------|-------|-----|--------------|----------------|----------------------|

|                        |                  |      |       |     |
|------------------------|------------------|------|-------|-----|
| DRIVERS LICENSE NUMBER | PREVIOUS ADDRESS | CITY | STATE | ZIP |
|------------------------|------------------|------|-------|-----|

|  |  |  |
|--|--|--|
| Position applied for<br>1st Choice: _____<br><br>2nd Choice: _____ | Hourly rate desired: _____<br>Comments: _____<br>_____ | Please circle one: FT PT Seasonal<br><br>Please indicate total hours per week desired: _____ |
|--|--|--|

Please indicate the time you are available to work each day:

| Day  | SUN | MON | TUES | WED | THUR | FRI | SAT |
|------|-----|-----|------|-----|------|-----|-----|
| From |     |     |      |     |      |     |     |
| To   |     |     |      |     |      |     |     |

Names of friends or relatives now working for **Beaverton Florists** you would use as a reference:

\_\_\_\_\_

\_\_\_\_\_

Were you referred to Beaverton Florists?  no  yes If so, by whom? \_\_\_\_\_

Do you have a Beaverton Florists Account?  no  yes

List driving violations or tickets incurred in the last three years \_\_\_\_\_

In case of an emergency, notify:

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Relation to Applicant \_\_\_\_\_

### EDUCATION HISTORY / SPECIAL TRAINING

| SCHOOL      | NAME & ADDRESS OF SCHOOL | CIRCLE LAST YEAR ATTENDED |   |   |   | GRADUATE                     |                             |
|-------------|--------------------------|---------------------------|---|---|---|------------------------------|-----------------------------|
| High School | _____                    | 1                         | 2 | 3 | 4 | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| College     | _____                    | 1                         | 2 | 3 | 4 | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Other       | _____                    | 1                         | 2 | 3 | 4 | <input type="checkbox"/> yes | <input type="checkbox"/> no |

Do you plan to continue your education?  no  yes If so, where? \_\_\_\_\_

### SKILLS / SPECIAL INTERESTS

Typing - WPM \_\_\_\_\_ 10-key adding machine \_\_\_\_\_ Other \_\_\_\_\_

Computer Applications \_\_\_\_\_

**EMPLOYMENT RECORD:** List employers (excluding military service.) **Please account for the last 8 years.** If additional space is needed, use 2 applications.

Company 1 \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Supervisor's name and title \_\_\_\_\_ Length of service: from \_\_\_\_\_ to \_\_\_\_\_ Starting salary \_\_\_\_\_  
Type of work at start:  Full Time  Part Time Type of work when leaving:  Full Time  Part Time Leaving salary \_\_\_\_\_  
Did you supervise others?  No  Yes - Explain \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Company 2 \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Supervisor's name and title \_\_\_\_\_ Length of service: from \_\_\_\_\_ to \_\_\_\_\_ Starting salary \_\_\_\_\_  
Type of work at start:  Full Time  Part Time Type of work when leaving:  Full Time  Part Time Leaving salary \_\_\_\_\_  
Did you supervise others?  No  Yes - Explain \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Company 3 \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Supervisor's name and title \_\_\_\_\_ Length of service: from \_\_\_\_\_ to \_\_\_\_\_ Starting salary \_\_\_\_\_  
Type of work at start:  Full Time  Part Time Type of work when leaving:  Full Time  Part Time Leaving salary \_\_\_\_\_  
Did you supervise others?  No  Yes - Explain \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

If you desire, please list volunteer work \_\_\_\_\_  
\_\_\_\_\_

If there is an employer you do not wish us to contact, please list and explain why \_\_\_\_\_  
\_\_\_\_\_

The above information is true and correct. I understand that any false information or any misrepresentation of facts may result in separation from Beaverton Florists, if employed. I authorize you to inquire of and receive information from my former employers or work references as to my ability and past performance.

I agree, if employed, to conform to the guidelines and policies of Beaverton Florists, whenever adopted by Beaverton Florists, and that those guidelines and policies do not constitute an employment contract. I understand that Beaverton Florists has a six-month probationary period. I also understand that either Beaverton Florists or I may terminate the employment relationship at any time, as is outlined in Beaverton Florists's Employee Handbook. Only a written agreement, signed by the president of the company, may modify this paragraph.

I understand that Beaverton Florists may conduct an investigation of my credit record and consent to such an investigation.

In consideration of my employment by Beaverton Florists, I, the undersigned, agree and consent that any wages which may be due may be applied against any indebtedness I may have incurred to Beaverton Florists (pursuant to applicable state/federal law.)

Please be advised that Beaverton Florists may seek information concerning criminal record from appropriate

PLEASE NOTE: Applicant agrees to provide the following:

1. Proof of meeting minimum wage requirements of applicable laws and submitting proof of true age after hired.
2. Submit proof of employability for the Immigration and Naturalization Service (EG passport, driver's license, ID card, and/or social security card.)

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

## REFERENCE REQUEST

### Attention Applicant:

Do not fill this form out. It is for office use only.

Please read and sign only at the bottom.

We want you to know the questions we ask in checking your work history.

|                                |   |
|--------------------------------|---|
| COMPANY NAME _____             |   |
| NAME _____                     | SOCIAL SECURITY NUMBER _____                      |
| ADDRESS _____                  | CITY _____ STATE _____ ZIP _____                  |
| DEPARTMENT OR SUPERVISOR _____ | EMPLOYMENT DATE: FROM _____ TO _____ SALARY _____ |
| POSITION HELD _____            |   |

|  |
|--|
| ARE EMPLOYMENT DATES CORRECT? IF NOT, PLEASE CORRECT DATES. <input type="checkbox"/> YES <input type="checkbox"/> NO FROM _____ TO _____ |
| NATURE OF APPLICANT'S WORK _____   |

|  |
|--|
| DID APPLICANT TAKE PROPER CARE OF THE EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO  |
| DID APPLICANT'S POSITION ENTAIL PAPERWORK? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WAS IT <input type="checkbox"/> COMPLETE <input type="checkbox"/> ACCURATE <input type="checkbox"/> NEAT |

|   |
|---|
| DID THE APPLICANT HAVE CUSTODY OF <input type="checkbox"/> MONEY <input type="checkbox"/> MERCHANDISE <input type="checkbox"/> VALUABLES WAS ALL PROPERLY ACCOUNTED FOR? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| IF NOT, PLEASE EXPLAIN _____  |

|  |
|--|
| WAS THE APPLICANT ABSENT   |
| <input type="checkbox"/> NEVER OR RARELY <input type="checkbox"/> OCCASIONALLY <input type="checkbox"/> REPEATEDLY |

|   |
|---|
| REASON FOR TERMINATION  |
| <input type="checkbox"/> LAID OFF <input type="checkbox"/> RESIGNED <input type="checkbox"/> DISCHARGED <input type="checkbox"/> OTHER - PLEASE EXPLAIN _____ |

|   |
|---|
| WOULD YOU RE-EMPLOY?  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, PLEASE EXPLAIN _____ |

|                 |                                    |                               |                               |                               |                  |                                    |                               |                               |                               |
|-----------------|------------------------------------|-------------------------------|-------------------------------|-------------------------------|------------------|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| HONESTY         | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor | SAFETY HABITS    | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| QUALITY OF WORK | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor | DRIVING SKILLS   | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| COOPERATION     | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor | ATTITUDE TOWARDS | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| DEPENDABILITY   | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor | COMPANY          | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

REMARKS \_\_\_\_\_

It is my understanding that the company will make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, or oral interview. I authorize such an investigation and the giving and receiving of any information requested by the company, and I release from liability any person giving or receiving such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, and may subject me to immediate dismissal.

\_\_\_\_\_  
Signature of Applicant (to be signed in ink)