



EMPLOYMENT APPLICATION

PLEASE FILL OUT BOTH SIDES OF THIS APPLICATION COMPLETE, IN INK.

At which Flowerland location are you seeking employment?

765 - 28th Street SW, Wyoming, MI 49509

4321 28th Street SE, Kentwood, MI 49512

3801 Alpine Ave NW, Comstock Park, MI 49321

TODAY'S DATE		PHONE NUMBER		CELL PHONE NUMBER		FOR OFFICE USE ONLY		TRACKING NUMBER		
LAST NAME				FIRST NAME				MIDDLE INITIAL		
STREET ADDRESS					CITY		STATE		ZIP CODE	
DRIVER'S LICENSE/STATE I.D. NUMBER					STATE THAT ISSUED DRIVER'S LICENSE/I.D.					
ARE YOU: 14-15 16-17 18 OR OLDER			NOTE: if under 18, proof of age must be provided							
DO YOU HAVE UNITED STATES CITIZENSHIP OR AUTHORIZATION FROM THE IMMIGRATION & NATURALIZATION SERVICE TO WORK IN THE U.S.?								YES	NO	
NOTE: If hired, federal law required that you furnish documentation establishing your identity and eligibility to work in the United States										
TYPE OF WORK PREFERRED:										
1.	2.			3.						
DO YOU WANT FULL TIME EMPLOYMENT:			WILL YOU ACCEPT PART TIME?		NUMBER OF HOURS DESIRED PER WEEK _____		RATE OF PAY EXPECTED:			
YES		NO	YES	NO			PER:	HOUR	WEEK	YEAR
WERE YOU PREVIOUSLY EMPLOYED BY FLOWERLAND? YES NO				IF YES, WHERE? LOCATION:						
IF YES, LIST DATES:										
WHAT OTHER EMPLOYMENT OR "SIDE LINE" BUSINESS DO YOU HAVE?					WOULD YOU WANT TO CONTINUE THIS IF EMPLOYED BY FLOWERLAND?					
					YES		NO			
HAVE YOU EVER BEEN CONVICTED OF A CRIME?					YES		NO			
HOW WERE YOU REFERRED TO FLOWERLAND		EMPLOYEE FRIEND NAME:		SCHOOL AGENCY NAME:		AD PAPER:		OTHER EXPLAIN:		
LIST ANY FRIENDS OR RELATIVES WORKING FOR FLOWERLAND										
NAME _____		RELATIONSHIP _____			WORK LOCATION _____		POSITION _____			
_____		_____			_____		_____			
EDUCATION / COURSE OF STUDY										
TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL			DATES		DID YOU GRADUATE?		COURSE OF STUDY/ DEGREE RECEIVED		
HIGH SCHOOL				***** *****		YES NO				
TECHNICAL, BUSINESS OR OTHER				FROM TO		YES NO				
COLLEGE OR UNIVERSITY				FROM TO		YES NO				
TIME AVAILABLE	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY			
FROM										
TO										
FOR INTERVIEWER'S USE ONLY										
DATE INTERVIEWED		INTERVIEWER		STARTING WAGE DESIRED		POSITION APPLIED FOR:		DATE AVAILABLE TO START		LOCATION
JOB REFERENCE _____ DRUG SCREEN _____ PHYSICAL _____ CREDIT CHECK _____ OTHER _____										
GENERAL APPLICANT INFORMATION _____										
INTERVIEW DATE _____		REFERRED TO: _____				DATE REFERRED: _____				

EMPLOYMENT HISTORY

LIST BELOW PAST AND PRESENT EMPLOYMENT BEGINNING WITH YOUR MOST RECENT. INCLUDE U.S. MILITARY EXPERIENCE.

COMPANY	DATES OF EMPLOYMENT	PAY RATE	POSITION HELD / JOB TITLE	REASON FOR LEAVING
ADDRESS, CITY, STATE	FROM:	TO START WAGE		
IMMEDIATE SUPERVISOR	TO:	UPON LEAVING	FULL TIME PART TIME	
SUPERVISOR TITLE	MAY WE CONTACT THIS EMPLOYER?		JOB RESPONSIBILITIES	
WORK TELEPHONE	YES	NO		

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SUPERVISOR TITLE	MAY WE CONTACT THIS EMPLOYER?		JOB RESPONSIBILITIES	
WORK TELEPHONE	YES	NO		

COMPANY	DATES OF EMPLOYMENT	PAY RATE	POSITION HELD / JOB TITLE	REASON FOR LEAVING
ADDRESS, CITY, STATE	FROM:	TO START WAGE		
IMMEDIATE SUPERVISOR	TO:	UPON LEAVING	FULL TIME PART TIME	
SUPERVISOR TITLE	MAY WE CONTACT THIS EMPLOYER?		JOB RESPONSIBILITIES	
WORK TELEPHONE	YES	NO		

ANY PERIODS OF UNEMPLOYMENT? YES NO IF YES, PLEASE EXPLAIN AND GIVE DATES:

PLEASE LIST ANY SKILLS, ABILITIES, HOBBIES, TRAINING ,ETC WHICH YOU FEEL MAY BE AN ASSET. (EXAMPLE: BUSINESS MACHINES, VOLUNTEER WORK, ADDITIONAL LANGUAGES, COMPUTER, ETC.)

PLEASE READ THE FOLLOWING AND SIGN BELOW:

I acknowledge that the facts set forth on this application are true and complete. I understand that if employed, any false statement or omission on this application or any attachment shall be sufficient cause for dismissal. I understand that Flowerland is open every day, and if I am employed by Flower land, I may be scheduled to work anytime or day of the week, including holidays.

I understand that before I am hired, Flowerland may require me to undergo a physical examination (after a conditional job offer) and/or a drug or alcohol test. I agree to take such an examination and/or test. I also understand that if I am hired, Flowerland may require me to undergo a drug and/or alcohol test at any time during my employment. I agree to take such a test.

I understand that employment at Flowerland is at the pleasure and will of management, and can be terminated, with or without cause and without notice at any time, at the option of either the company or the associate.

I authorize Flowerland to use its personnel or any investigative agency to investigate my employment record, education, criminal conviction record and financial record. I also authorize all my employers and former employers, references, credit reporting agencies/bureaus, educational institutions and any other person(s) contacted by Flowerland representatives to provide Flowerland with all records and information relevant to my employment application with Flowerland. I release all parties who provide such records or information from all liabilities arising from such disclosures; and I waive any rights to notice of such disclosures.

Flowerland is an equal opportunity employer.

I agree that any action or suit against the firm, its agents or employees, arising out of my employment or termination of employment, including, but not limited to, claims arising under State, but not Federal, civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred unless the applicable statute of limitations period is shorter than 180 days in which case I will continue to be bound by that shorter limitation period. I waive any limitation periods to the contrary. I further agree that if I should bring any non-statutory action or claim arising out of my employment against the firm, in which the firm prevails, I will pay to the firm any and all such costs incurred by the firm in defense of said claims or actions, including attorney fees. I further agree that my employment is conditional until such time as the results of my post-offer physical (if such physical is required) are known.

I authorize Flowerland to copy this document and agree that such copies with my signature shall have the same legal force and effect as the original document with my signature.

Signature _____

Date _____