

APPLICATION FOR EMPLOYMENT

Equal Employment Opportunity Employer

Please complete by printing in ink. NAME: ADDRESS: _____ TELEPHONE: (____) _____ CELL: (____) ____ E-MAIL ADDRESS DATE AVAILABLE FOR EMPLOYEMENT: Are you employed now? [] YES [] NO May we contact your present employer? []YES []NO If YES, give name: If hired, can you furnish proof that you are legally entitled to work in the US? [] YES [] NO Type of position you are seeking: Wages desired: Do you have a valid driver's license? []YES []NO Can you perform the essential functions of the job(s) for which you are applying? []YES []NO

Equal employment opportunity employer. All applicants will be considered without regard to age, color, national origin, religion, mental or physical disability, marital status, race, sex or other protected status in accordance with applicable federal and state equal employment opportunity laws.

Education					
	ELEMENTARY	HIGH	COLLEGE	GRADUATE	
SCHOOL NAME					
YEARS COMPLETED	45678	9 10 11 12	1234	1 2 3 4	
COURSE OF STUDY					
SPECIAL SKI	LLS, QUALIFICAT	TIONS AND	CONSIDER	ATIONS:	
_	skills and qualifications ou are seeking:				
EMPI OYMEN	T EXPERIENCE				
_	resent or last job. List y			Do not omit any jo	
	s:				
Reason for leaving					
Ending Salary:			May we contact this employer? Yes / No (circle one)		
Employer:		Emp	loyed from	to(m	onth/year)
				(
	s:				
Reason for leaving					

Ending Salary:

May we contact this employer? Yes / No (circle one)

Employer:	Employed from to (month/year)
Address:	Telephone No.:
Job Title:	Supervisor Name:
Job Responsibilities:	
Ending Salary:	May we contact this employer? Yes / No (circle one)
Employer:	
Address:	Telephone No.:
Job Title:	Supervisor Name:
Job Responsibilities:	
Ending Salary:	
REFERENCES	
List 3 non-relatives who are familiar with	th your qualifications and actual work history and ability.
	ion/Relationship Years Known Telephone
1 2.	
3	

I certify that I have answered the above questions truthfully and have not withheld any information relative to my application. I understand that any falsification, misrepresentation, or omission, as well as any misleading statements or omissions of the application information, attachments, and supporting documents generally will result in denial of employment or immediate termination, if discovered after hire. I authorize Valley Pacific Floral INC to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment, and further authorize the references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I release (Business Name), my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure. I authorize Valley Pacific Floral INC to investigate whether I have a criminal record of convictions, and, if so, the nature of such convictions and all the surrounding circumstances of the conviction. (Business Name) has advised me that any criminal background check will focus on convictions, and that a criminal record will not necessarily disqualify me from employment. If hired, I recognize the rules and policies of Valley Pacific Floral INC, I understand that my employment and compensation can be terminated at any time, with or without cause, and with or without notice, at the option of Valley Pacific Floral INC or myself. I understand that the Owner of the company is the only person who will ever have the authority to create any other terms of employment and/or to enter into any employment contract and that all such contracts must be in writing and signed by both parties. However, I also understand that unless otherwise stated in an employment contract, the company may change, withdraw, and interpret other policies (including wages, hours and working conditions) as it deems appropriate. I understand and acknowledge that I may be required to submit to a physical examination, including drug test. Additionally, I hereby authorize the release of the results of such an examination to Valley Pacific Floral INC for their use in evaluating my suitability for employment. Further, I release the examining facility and Valley Pacific Floral INC from any and all liability, and from any damage that may result from the release of such information. I acknowledge reading and understand the foregoing statements. Signature of Applicant Date

Please read carefully, initial each paragraph and sign below

This application is valid for only ninety (90) days from the date signed. If I want to be considered for job openings more than ninety (90) days from date signed, I will submit a new application.