



# Application for Employment

We sincerely appreciate your interest in employment with Felly's Flowers and assure you that we are interested in your qualifications. To give us a clear understanding of your background and work history, we ask that you fill in **all** information requested. This greatly helps us in our screening process and enables us to place candidates in positions that best meet their qualifications and our needs. A résumé does not replace the requirement to have this form completed. However, it may be included. Incomplete applications will not be considered. Applications are considered active for 30 days. If you need any assistance in the completion of this form or in our application process, please ask and we will be glad to help you.

## PLEASE PRINT

Position Applying For		Date of Application
Last Name	First Name	Middle Name
Address Street	City	State Zip code
Telephone Number(s) <b>Home:</b>	<b>Work: (optional)</b>	May we contact you at work? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
State age if Under 18:	How were you referred To Felly's Flowers?	
When is the best time to contact you?	Are you currently employed? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	Work Status Preference: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/>
If offered employment, when would be able to start? <b>Mo.</b> _____ / <b>date</b> _____ / <b>Yr.</b> _____		Rate/Range of pay desired: _____ <b>per</b> _____
Have you ever been employed with Felly's Flowers? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>		If yes, position(s) held and approximate dates worked:
Have you ever applied at Felly's Flowers before? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>		If yes, please give date(s) and position(s) applied for.
Do you have reliable transportation to work? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>		
May you lawfully work in the United States?  <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	Can you prove such status if offered employment?  <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	If no, and/or unsure, please explain:   
Are there any work hour and/or overtime considerations that may limit your availability for work or overtime? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> If yes, please describe: <i>(Note: Felly's Flowers will make reasonable accommodations regarding such conditions as required by law)</i>		
Do you have any commitments to another employer that might affect your employment with us?		
Please check the location where you wish to work:		
<input type="checkbox"/> EAST: 607 N. Sherman Ave. 249-4092	<input type="checkbox"/> MONONA: 205 E. Broadway 221-4202	
<input type="checkbox"/> WEST: 2701 University Ave. 231-2404	<input type="checkbox"/> THE GREENHOUSE: 6353 Nesbitt Rd. 845-9591	
<input type="checkbox"/> FAR WEST: 7858 Mineral Point Rd. 833-7941		

(Please continue on next page)

Have you been convicted of a crime of which has not been removed from your record, or have an arrest with a pending conviction? **Yes**  **No**

If yes, state date, place, and nature of conviction.\* \_\_\_\_\_

*\* note: A criminal record does not constitute an automatic bar to employment. It will be considered only as it relates to the job for which you are applying.*

Have you ever been discharged or asked to resign from a position? **Yes**  **No**

If yes, please explain: \_\_\_\_\_

## WORK EXPERIENCE

Start with your present or last job and leave no gaps.

Employer	Dates Employed		Work Performed
	From	To	
Address			
	<b>Hourly Rate / Salary</b>		
Telephone Number (s)	Starting	Final	
Starting / Present Job Title			
Supervisor's Name/Job Title	May We Contact?    Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reason for Leaving			

Employer	Dates Employed		Work Performed
	From	To	
Address			
	<b>Hourly Rate / Salary</b>		
Telephone Number (s)	Starting	Final	
Starting / Present Job Title			
Supervisor's Name/Job Title	May We Contact?    Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reason for Leaving			

Employer	Dates Employed		Work Performed
	From	To	
Address			
	<b>Hourly Rate / Salary</b>		
Telephone Number (s)	Starting	Final	
Starting / Present Job Title			
Supervisor's Name/Job Title	May We Contact?    Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reason for Leaving			

(Please continue on next page)

If you answered 'no' for contacting any previous employer, please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### References

Please list 3 Employment references. Do not include family members.

<i>Name of Person</i>	<i>Name of Business</i>	<i>Relationship</i>
<i>Address</i>	<i>City, State, Zip</i>	<i>Phone</i>
<i>Name of Person</i>	<i>Name of Business</i>	<i>Relationship</i>
<i>Address</i>	<i>City, State, Zip</i>	<i>Phone</i>
<i>Name of Person</i>	<i>Name of Business</i>	<i>Relationship</i>
<i>Address</i>	<i>City, State, Zip</i>	<i>Phone</i>

### Position Specific Qualifications / Skills / Certifications etc.

Please list the qualifications, experiences, etc. that you feel especially qualify you for this position.

Garden Center: Perennials \_\_, Annuals \_\_, Green Plants \_\_, Growing \_\_, Other \_\_. Give details:

Flower Design: Vased Designs \_\_, Basket Designs \_\_, Weddings \_\_, Funerals \_\_, Other \_\_. Give details:

Retail Sales: Customer Service \_\_, Telephone Sales \_\_, Corsages \_\_, Vased Designs \_\_, Keyboarding \_\_, Other \_\_. Give details:

Clerical: Keyboarding \_\_, Word Processing \_\_, Spreadsheets \_\_, Other \_\_. Give details:

Delivery: Knowledge of city \_\_, Other \_\_. Give details:

Other Skills:

### Education

Please circle highest grade completed: <b>1 2 3 4 5 6 7 8 9 10 11 12</b>	GED	Post high School	<b>1 2 3 4 5 6 &gt;</b>
Name of last school attended:		Location:	
Most current degree achieved:		Where obtained:	

### Driving Record

If driving a vehicle is an essential job function, please complete the following section

Driver's License Number:	State:
Have you been involved in any accidents in a motor vehicle within the last 5 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, list dates and a brief description of the accident and indicate if the accident was your fault or the fault of the other driver.	
Have you had any traffic violation citations or written letters within the past five years? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, list dates and brief description of the violation.	

(Please continue on next page)

