

**Applicant Acknowledgement
(Please read Carefully and Sign)**

- I certify that all statements and information contained in this application were made by me and that they are true, correct and complete to the best of my knowledge and belief. I understand that any misrepresentation or omission of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
- I authorize Felly's Flowers to investigate my responses on this application and to contact all former employers, government and credit agencies or any individuals familiar with me and my employment background or driving record for purposes of verifying any information I have provided or obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me and/or employment, as conditioned, by law.
- I understand that upon receiving a job offer, a physical examination and/or drug screening may be required. (Note: If this is a job requirement, you will be notified of this requirement following an offer of employment. Such requirement would have to be successfully completed as a condition of employment.)
- I understand that if I am hired, I will be required to provide proof of identity and legal work authorization.
- I understand that this application for employment shall be considered active for a period of time not to exceed 30 days. If I wish to be considered for employment beyond this time period it will be necessary for me to complete a new application form.
- Regardless of whether or not I become employed by Felly's Flowers, I recognize that this application process and any offer of employment should not be considered as a contract of employment. I understand that the terms and conditions of my employment may be changed with or without cause or prior notice at any time. I understand that employment with Felly's Flowers is on an "At-Will" basis and that either Felly's Flowers or I can terminate my employment with or without cause and/or notice, at any time, unless I specifically have been issued a written employment contract. That no person other than the President has the authority to offer any agreement regarding employment or employment contract. That unless such agreement/contract has been executed in writing to me, by the President, my employment with Felly's Flowers is "At-Will" and I in no way bind Felly's Flowers to a contractual agreement regarding permanency of employment.
- I authorize Felly's Flowers to deduct all outstanding personal expenses charged to Felly's Flowers and unearned paid benefits from my paycheck.

_____ (_____) _____ / ____ / ____
Signature of Applicant Social Security Number Date
(voluntary)

Thank You for your time and interest in pursuing employment with Felly's Flowers!

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: 1 2 3 4 5 6 7 8 9 10 11 12	GED	Post high School	1 2 3 4 5 6 >
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)

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			
	Hourly Rate / Salary		
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			
	Hourly Rate / Salary		
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			
	Hourly Rate / Salary		
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)



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) Home:	Work: (optional)	May we contact you at work? Yes <input type="checkbox"/> No <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? Yes <input type="checkbox"/> No <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? Mo. _____ / date _____ / Yr. _____		Rate/Range of pay desired: _____ per _____
Have you ever been employed with Felly's Flowers? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, position(s) held and approximate dates worked:
Have you ever applied at Felly's Flowers before? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please give date(s) and position(s) applied for.
Do you have reliable transportation to work? Yes <input type="checkbox"/> No <input type="checkbox"/>		
May you lawfully work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	Can you prove such status if offered employment? Yes <input type="checkbox"/> No <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? Yes <input type="checkbox"/> No <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"/> WEST: 5602 University Ave 231-2404 <input type="checkbox"/> FAR WEST: 7858 Mineral Point Rd. 833-1941		<input type="checkbox"/> MONONA: 205 E. Broadway 221-4202 <input type="checkbox"/> THE GREENHOUSE: 6353 Nesbitt Rd. 845-9591

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