



Submit to: **Blossom Flower Shops**  
 Attn: Kathie Murphy  
 980 Mclean Avenue  
 Yonkers, NY 10704

**EMPLOYMENT APPLICATION**

**Date of Application:** \_\_\_\_\_

Last Name	First Name	Middle Initial	Social Security No. - -
Email Address:			
Present Street Address		City, State, Zip	
Home Phone	Work Phone / Cell Phone	Driver License No. / State	
Previous Street Address		City, State, Zip	
Are you at least 18 years of age? D Yes D No If not, do you have a work permit? D Yes LI No			
Name and address of parent or guardian if applicant is a minor.			
If hired, can you provide proof that you are eligible to work in the United States? LI Yes LI No (Upon hire, you will be required to provide proof of your identity and authorization to work.)			
Have you ever been convicted of a felony? LI Yes LI No Note: A conviction will not necessarily disqualify an applicant from employment. If yes, please explain:			
In Case of Emergency, Notify: Name: Phone: Relation to Applicant:			

**EMPLOYMENT DESIRED**

Position Desired	FT	PT	Seasonal	Salary Desired
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Please indicate the time you are available to work each day:

DAY	SUN	MON	TUE	WED	THU	FRI	SAT	Will you work overtime if asked? Y N
FROM								
TO								Date Available for Work: / /

**SKILLS**

<i>For Sales Applicants:</i> What type(s) of merchandise have you sold?
<i>For Maintenance/Stock Applicants:</i> What types of equipment / tools have you used? Can you lift 50 lbs?
<i>For Driver Applicants:</i> What type of License do you have? What types of products have you delivered?
<i>For Floral Designer Applicants:</i> Please check the type(s) of design that you have experience with: <input type="checkbox"/> Weddings <input type="checkbox"/> Funeral Work <input type="checkbox"/> Production <input type="checkbox"/> Upscale Arrangements

**EDUCATIONAL HISTORY / SPECIAL TRAINING**

SCHOOL	NAME & CITY OF SCHOOL			
High School	_____	Graduated	Y	N
College	_____	Graduated	Y	N
Tech or Trade School	_____	Graduated	Y	N
Computer Applications Used: _____				

**EMPLOYMENT RECORD**

<b>Employer 1:</b>	Phone:
Address:	City, St, Zip:
Supervisors Name and Title:	
Employment Dates: From ___/___ To ___/___	Pay: Hourly or Salary
Full-Time or Part-Time	Starting \$ Leaving \$
Reason for Leaving	

<b>Employer 2:</b>	Phone:
Address:	City, St, Zip :
Supervisors Name and Title:	
Employment Dates: From ___/___ To ___/___	Pay: Hourly or Salary
Full -Time or Part-Time	Starting \$ Leaving \$
Reason for Leaving	

<b>Employer 3:</b>	Phone:
Address:	City, St, Zip :
Supervisors Name and Title:	
Employment Dates: From ___/___ To ___/___	Pay: Hourly or Salary
Full -Time or Part-Time	Starting \$ Leaving \$
Reason for Leaving	

Applicants are considered for all positions without regard to race, color, creed, religion, sex, national origin, age, disability, marital or veteran status, or any other status protected by applicable federal, state or local law.

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.

I understand that, if I am hired, my employment will be on an at-will basis and can be terminated for any reason, with or without notice, at any time, at either the Company's or my option. I further agree that, if employed, I will conform my conduct to Blossom Flower Shops rules and regulations.

**I have read the above applicant agreement, and understand and agree to its terms.**

Date \_\_\_\_\_

Applicants Signature: \_\_\_\_\_