



APPLICATION FOR EMPLOYMENT
FLOWERS BY ADELAIDE, INC. 7766 GIRARD AVENUE LA JOLLA CA 92037 858-454-0146

INSTRUCTIONS: Please provide all information requested and answer all questions as fully as possible. Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap, or veteran status. A pre-employment drug screening test will be required of all persons applying for a position which requires regular operation of a Company vehicle.

PERSONAL

Full Name _____ Today's Date _____
Street Address _____ Home Phone _____
City, State, ZIP _____ Work Phone _____
Have you ever applied for employment with us before? _____
Position Desired _____ Pay Expected _____

Are you legally eligible for employment in the United States? _____ When can you start work? _____
Apart from absences for religious observance, can you work full time? _____ Will you work overtime? _____
If not, what days/hours can you work? _____

Were you ever employed or enrolled in school under a name other than that used on this application? _____
If yes, what name were you employed or enrolled under? (this is for verification purposes only) _____
List your special training or skills (languages, machine operation, etc.) _____

List professional or civic organizations to which you belong (exclude those which may disclose your race, color, religion, or national origin)

Do you have any physical or medical condition that would prevent you from performing or safely performing the essential duties of the position for which you are applying? _____ If yes, please indicate what may be done to accommodate your limitations

Have you been convicted of a felony within the last seven years? (a conviction is not an automatic bar to employment; each case will be considered on its own merits). _____ If yes, please explain _____

How did you learn about our organization? _____

MILITARY (complete this section only if you served in the U. S. Armed Forces)

Branch of Service _____ Period of Active Duty (month & year) From _____ To _____
Rank at Discharge _____ Date of Final Discharge _____
Describe your duties and any special training _____

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EDUCATION

Name of Elementary School _____ City & State _____

Name of High School _____ City & State _____

No. of Years _____ Did you graduate? _____

Name of College _____ City & State _____

No. of Years _____ Did you graduate? _____ Major _____ Degree _____

Other _____ City & State _____

No. of Years _____ Did you graduate? _____ Major _____ Degree _____

EMPLOYMENT HISTORY (give complete information for all jobs, full-time or part-time, starting with your present or most recent position)

1) Company Name _____ Phone _____

City & State _____ Employed (month & year) From _____ To _____

Hourly Pay _____ Name of Supervisor _____

Reason for Leaving _____

State your job title and describe your work _____

2) Company Name _____ Phone _____

City & State _____ Employed (month & year) From _____ To _____

Hourly Pay _____ Name of Supervisor _____

Reason for Leaving _____

State your job title and describe your work _____

3) Company Name _____ Phone _____

City & State _____ Employed (month & year) From _____ To _____

Hourly Pay _____ Name of Supervisor _____

Reason for Leaving _____

State your job title and describe your work _____

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4) Company Name _____ Phone _____

City & State _____ Employed (month & year) From _____ To _____

Hourly Pay _____ Name of Supervisor _____

Reason for Leaving _____

State your job title and describe your work _____

You may add anything else about yourself or your employment history that might help us assess you for the position applied for:

We may contact the employers listed above unless you indicate those you do not want us to contact. Do not contact:

Employer Number _____ Reason _____

Employer Number _____ Reason _____

SALES PROFILE (complete this section only if you are applying for a sales position)

What do you like most about selling? _____

What is your most satisfactory sales experience? _____

Why do you think sales is more rewarding than other professions? _____

What are your greatest sales attributes or strengths? _____

What are your greatest sales shortcomings or weaknesses? _____

What are your intermediate goals as a salesperson? _____

What are your long-term goals as a salesperson? _____

All applicants: Please read the Statement on the next page, then sign and date this application.

