

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.

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	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 applicat	ion?		
	Nere 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	r race, color, religion, or national origin)		
	Do you have any physical or medical condition that would prevent you from performing or safely p	performing the essential duties of the position		
for which you are applying? If yes, please indicate what may be done to accommodate your limitations				
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	Have you been convicted of a felony within the last seven years? (a conviction is not an automatic			
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 & ye	ar) 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	ar) 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	ar) 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	_ То		
Hourly Pay Name of Superv	isor			
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 ap	plying 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 profess	sions?			
What are your greatest sales attributes or strengths?				
What are your greatest sales shortcomings or weaknesses?				
what are your greatest sales shortcomings or weaknesses?		and the second s		
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.

APPLICATION FOR EMPLOYMENT

STATEMENT The information provided in this Application for Employment is true, correct, and complete. If I am hired, any misstatement or omission of fact on this application may result in my dismissal. I understand that if any offer of employment by Flowers by Adelaide, Inc. is contingent upon successfully passing a drug screening test, I will be given a copy of the Company's Drug and Alcohol Policy and a Consent to Testing and Authorization for Release of Test Results Form to read and sign. I understand that if I am hired. I will be an employee-at-will and either I or Flowers by Adelaide, Inc. may terminate my employment at any time, with or without cause, with or without notice. I understand that if I am hired, my employment will not be for any definite period of time, even though I will be paid my wages on a monthly, semi-monthly, bi-weekly, or weekly basis. No representative of Flowers by Adelaide, Inc. has made any promises or other statements to me which imply that I will be employed under any other terms than stated above. If Flowers by Adelaide. Inc. decides to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize Flowers by Adelaide, Inc. to do so. If a report is obtained, I may request the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report. I understand that if I am hired, this Statement is part of the employment agreement between Flowers by Adelaide, Inc. and me. and will be binding on me. Signature _____

NOTES AND REFERENCE CHECKS (for employer's use only)					
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