

Computer Applications _

Submit to: NANCY'S FLORAL, INC.

Attn: HR

620 NE Burnside Rd. Gresham, OR 97030-3921

(503) 661-0911

Employment Application

☐ Ple		olete both			-	_							
					pleted ap		on			Date of A	pplicatio	n:	
Last Na	First Na	ame:			Middle Name:			Social Security Number:					
Street Address: City:							State:	ZIP:	Phone I	Number:	Best Time to Contact:		
Driver's License #: Previou					ıs Addre	ess:		City:	City: State:			ZIP:	
Position Applied For: 1st Choice: 2nd Choice:					Hourly Rate Desired: Comments:							PT Seasonal ours Per Week:	
Please indicate the hours you are available to work each day: Names of friends or relatives now working for Nancy's Floral you would use as a reference:													
Day From	SUN	MON	TUES	WED	THUR	FRI	SAT	-	Nancy's	Fioral you would	use as a re	eterence:	
То								\dashv					
Do you h	ave a Na i	to Nancy ncy's Flor or tickets	ral charg	e account	st 3 years	C		⊒ Yes ⊒ Yes	If so, b	y whom?			
Name:							Ad	ddress: _					
Phone: Relation:													
Educat	tion His	tory / SI	kills / Sp	oecial In	terests								
Name & Address of High School:								#	Years Attend	ed G	raduate?		
Name & Address of College:									#	Years Attend	ed G	raduate?	
Name & Address of Other School:									#	Years Attend	ed G	raduate?	
Do you r	olan to co	ntinue yo	our educa	ation?			〕 No □	⊒ Yes	If so, w	/here?			
					Key Addi								

Address			Zip	Phone
Supervisor's name and title	L	ength of service: from_	to	Starting salary
Type of work at start: ☐ Full Time ☐ Part Time	Type of work whe	n leaving: ם Full Time	☐ Part Time	Leaving salary
Did you supervise others? ☐ No ☐ Yes - Explain				
Reason for leaving				
Company 2				
AddressSupervisor's name and title				
Type of work at start: □ Full Time □ Part Time				Leaving salary
Did you supervise others? □ No □ Yes - Explain				
Reason for leaving				
Company 3				
Address	City	ST	Zip	Phone
Supervisor's name and title	L	ength of service: from_	to	Starting salary
Type of work at start: ☐ Full Time ☐ Part Time	Type of work whe	n leaving: 🗖 Full Time	☐ Part Time	Leaving salary
Did you supervise others? ☐ No ☐ Yes - Explain			<u> </u>	
Reason for leaving				
you desire, please list volunteer work				
there is an employer you do not wish us to con	tact, please list ar	nd explain why		
there is an employer you do not wish us to con e above information is true and correct. I understand to oral, if employed. I authorize you to inquire of and rece erformance.	hat any false inform	ation or any misrepresen	tation of facts may	result in separation from Nancy
e above information is true and correct. I understand toral, if employed. I authorize you to inquire of and recent formance. I gree, if employed, to conform to the guidelines and policies do not constitute an employment contract. I uncy's Floral or I may terminate the employment relations.	that any false information from blicies of Nancy's Flounderstand that Nan conship at any time, a	ation or any misrepresen n my former employers o ral whenever adopted by cy's Floral has a six-mon	tation of facts may r work references a r Nancy's Floral , ar th probationary pe	result in separation from Nancy as to my ability and past and that those guidelines and eriod. I also understand that eithe
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Applicant's Signature

List employers (excluding military service.) Please account for the last 8 years. If additional space is needed, use 2 applications.

EMPLOYMENT RECORD:

Date



Date of application:	
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Reference Request

Attention Applicant:

Do not fill this form out. It is for office use only.

Please read and sign only at the bottom.

We want you to know the questions we ask in checking your work history.

COMPANY NAME										
NAMESOCIAL SECURITY NUMBER										
ADDRESS					CITY		STATE		_ZIP	
DEPARTMENT OR SU	JPERVISOR				EMPLOYMENT D	ATE: FROM	ITO _	SALAF	RY	
POSITION HELD										
ARE EMPLOYMENT DATES CORRECT? IF NOT DI FASE CORRECT DATES. DI VES. DI NO. FROM. TO										
ARE EMPLOYMENT DATES CORRECT? IF NOT, PLEASE CORRECT DATES. YES NO FROMTOTO										
NATURE OF APPLICANT'S WORK										
DID APPLICANT TAKE PROPER CARE OF THE EQUIPMENT?										
DID APPLICANT'S POSITION ENTAIL PAPERWORK?										
DID THE APPLICANT HAVE CUSTODY OF MONEY MERCHANDISE VALUABLES WAS ALL PROPERLY ACCOUNTED FOR? YES NO										
IF NOT, PLEASE EXPLAIN										
WAS THE APPLICANT										
□ NEVER OR RAREL	Y GCCASIC	DNALLY	□ REPEAT	EDLY						
REASON FOR TERMI		NECHAROE		TUED DIEA	CE EVDI AIN					
□ LAID OFF □ RE	SIGNED L	DISCHARGED		HER - PLEA	SE EXPLAIN					
WOULD YOU RE-EMP		EVDI AINI								
3 123 3 100	IF NOT, FLEAGE	EXPLAIN _								
HONESTY	□ Excellent	☐ Good	□ Fair	□ Poor	SAFETY H	ABITS	□ Excellent	□ Good	□ Fair	□ Poor
QUALITY OF WORK	□ Excellent	☐ Good	☐ Fair	□ Poor	DRIVING S		☐ Excellent			□ Poor
COOPERATION	□ Excellent	☐ Good	☐ Fair	☐ Poor	ATTITUDE	TOWARDS				
DEPENDABILITY	□ Excellent	☐ Good	☐ Fair	☐ Poor	COMPANY	,	□ Excellent	☐ Good	☐ Fair	☐ Poor
REMARKS										

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.