



**Viviano
Flower Shop, Inc.**

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Date of Application

Position Applied For

1st choice: _____ 2nd choice: _____

How Did You Learn About Us?

- Advertisement Friend Relative
 Employment Agency Inquiry Other _____

Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip
Telephone Numbers		Home	Mobile	Alternate	

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If Yes, when? _____

Have you ever been employed with us before? Yes No
If Yes, when? _____

Do any of your friends or relatives, other than spouse, work here? Yes No
If Yes, state name, relationship, and location. _____

Are you currently employed? Yes No

If Yes, may we contact your current employer? Yes No

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status? (Proof of citizenship/immigration status required upon employment) Yes No

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work: Full Time Part Time Temporary (From: ____/____/____ - ____/____/____)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if the job requires it? Yes No

EMPLOYMENT HISTORY

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer 1 _____ Phone () _____
 Address _____ City _____ ST _____ Zip _____
 Starting/Present Job Title _____ Supervisor _____
 Dates Employed From _____ To _____ Starting Salary _____ Final Salary _____
 Reason For Leaving _____ May We Contact? Yes No
 Work Performed _____

Employer 2 _____ Phone () _____
 Address _____ City _____ ST _____ Zip _____
 Starting/Present Job Title _____ Supervisor _____
 Dates Employed From _____ To _____ Starting Salary _____ Final Salary _____
 Reason For Leaving _____ May We Contact? Yes No
 Work Performed _____

Employer 3 _____ Phone () _____
 Address _____ City _____ ST _____ Zip _____
 Starting/Present Job Title _____ Supervisor _____
 Dates Employed From _____ To _____ Starting Salary _____ Final Salary _____
 Reason For Leaving _____ May We Contact? Yes No
 Work Performed _____

PERSONAL/PROFESSIONAL REFERENCES (Do not include family members or past supervisors listed above)

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

EDUCATION LEVEL

School	Name of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

SPECIALIZED TRAINING/SKILLS *(Describe any specialized training, apprenticeship, skills and qualifications)*

AVAILABILITY

(List hours of availability for each day)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

Are you seeking a permanent floral career, or limited employment? _____

Are you willing to work overtime as needed? Yes No

Will you agree to pre-employment testing? Yes No

Will you cross-train to assist other departments? Yes No

Will you work at multiple locations if needed? Yes No

Do you like to interact with customers? Yes No

Do you have any known allergies to plants, flowers, or evergreens (seasonal)? Yes No

Can you easily and repeatedly lift 35 lbs.? Yes No

Can you easily and repeatedly climb a 6-8 ft. ladder? Yes No

Do you prefer to work alone, or with others? _____

Why would you like to work for Viviano's? _____

Why should you be selected for the position in which you're applying? _____

APPLICANT'S STATEMENT & RELEASE

I certify that answers given in this application are true and complete. I understand that false or misleading information given in this application or interview(s) may result in my discharge.

I authorize Viviano Flower Shop, Inc ("Employer") to investigate all statements contained in this application and other related papers, and to investigate any oral comments that I may make during the application process or interview(s). In addition, I release Employer and its directors, officers, agents, and employees' agents from all claims, actions or causes of action of every kind or nature on account of the aforementioned investigation. I also authorize my former and current employers and my personal and professional references listed in this application, or on my submitted resume, to provide information about me to Employer.

This application for employment shall be considered active for a period of time not to exceed 45 days. I understand that if I wish to be considered for employment beyond this time period I will need to inquire as to whether or not applications are being accepted at that time and I may need to submit a new application.

I understand and acknowledge that my employment with Employer is "at will", which means that I may resign at any time and the Employer may discharge me at any time with or without cause. I further acknowledge that my "at will" employment relationship may not be changed orally, by conduct, or by any written document unless such change is specifically acknowledged in writing by an authorized executive of Employer.

I also understand that I am required to abide by all Employer's rules and regulations which may change from time to time.

Applicant Signature

Date

If you are applying for a **Delivery Driver** position, please complete the following:

RELEASE OF INFORMATION AUTHORIZATION

I authorize Viviano Flower Shop, Inc to inquire with the State of Michigan Bureau of Drivers and Vehicle Records about my Driving History.

Applicant Signature

Printed Name

Date

Address

City

State

Zip

Driver's License Number

Date of Birth