



1066 West Eads Parkway
 Lawrenceburg, IN 47025
 (812) 537-4525
 www.mccabesflowers.com

Application for Employment

Applicant Information

Name _____ Date _____

Street Address _____

City _____ State _____ Zip _____

Social Security # _____ Phone # _____

Are you under 18? Yes _____ No _____ If Yes, your date of birth _____

Prior Work Experience (please list most recent first)

1. Employer _____
 Address _____
 Position & Duties _____
 Phone _____ Dates Employed _____ to _____
 Immediate Supervisor _____
 Reason for leaving _____

2. Employer _____
 Address _____
 Position & Duties _____
 Phone _____ Dates Employed _____ to _____
 Immediate Supervisor _____
 Reason for leaving _____

3. Employer _____
 Address _____
 Position & Duties _____
 Phone _____ Dates Employed _____ to _____
 Immediate Supervisor _____
 Reason for leaving _____

Please Check all that applies

Full Time _____ Part Time _____
 Daytime _____ Evenings _____ Weekdays _____ Weekends _____
 Retail Sales _____ Growing-Production _____ Floral Department _____

| Education | Name & Location of School | # of Years | Subjects | Graduated? |
|--------------|---------------------------|------------|----------|------------|
| High School | | | | |
| College | | | | |
| Trade | | | | |
| Other Skills | | | | |

Why do you want to work for our company?

References (please do not list relatives)

| Name | Phone # | Years Acquainted |
|------|---------|------------------|
| | | |
| | | |
| | | |

In Case of Emergency, Notify

Name _____ Address _____ Phone # _____

"I CERTIFY THAT ALL INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSION, OR MISREPRESENTATION ARE DISCOVERED, MY APPLICATION MAY BE REJECTED, AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY RULES AND REGULATIONS AND I AGREE THAT MY EMPLOYMENT CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO REPRESENTATIVE, OTHER THAN IT'S OWNER, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE OWNER, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

Signature _____ Date _____

(Highly recommended to attach a resume)