



318 Racquet Drive Fort Wayne, IN 46825 T: (260) 482-9993 T: (800) 252-7702 F: (260) 482-8790

# Application for Employment

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, disability, or any other legally protected status. Any offer of employment will be for an indefinite period of time unless otherwise specified, and may be terminated by either party "at will." Any applicant may be required to provide documentation of proof of eligibility to work in the United States as required by the Immigration Control Act of 1986.

Date:		Position Applied For:		Social Security Number:	
Last Name:		First Name:		Middle Name:	
Address and Apt. #		City:		State:	Zip:
Home Phone:		Work Phone:		Other Phone:	
Have you ever applied with us: YES / NO		When:	Have you ever been employed here: YES / NO		When:
Are you eligible for employment in the United States: YES / NO			Available to work: FULL / PART / TEMP		Overtime: YES / NO
Previous Military Experience: YES / NO		What date would you be available to start work:			
How did you hear about us: Advertisement / Relative / Friend / Walk-In / Other (please explain):					
Education	Name and Address of School	Course of Study	Years Completed	Graduate	Degree / Diploma
				Yes / No	
				Yes / No	
				Yes / No	
				Yes / No	
Additional Training or Special Skills (Languages, Apprenticeships, etc):					
Have you ever been convicted of a crime in the past 10 years, excluding misdemeanors and summary offenses which have not been annulled, expunged, or sealed by a court: YES / NO					
If yes, please describe in full:					
<b>Fill out only if applying for a driver/salesperson position</b>		License #:		# of Years of Commercial Experience:	
Has your license ever been revoked: YES / NO If yes, please explain:					
How many moving violations in the past 3 years: ____ If more than 0, list here:					
How many accidents in the last 5 years: ____ If more than 0, list here:					
List the types of trucks/vehicles you have driven:					
List types of cargo hauled:				Avg. # of Miles per Month:	

## Employment History

Company Name:	Dates Employed From:	To:	Title:
Address:	City:	State:	Zip: Phone #:
Supervisors Name:	Starting Pay:	Ending Pay:	
Reason for Leaving:			Duties:

Company Name:	Dates Employed From:	To:	Title:
Address:	City:	State:	Zip: Phone #:
Supervisors Name:	Starting Pay:	Ending Pay:	
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Company Name:	Dates Employed From:	To:	Title:
Address:	City:	State:	Zip: Phone #:
Supervisors Name:	Starting Pay:	Ending Pay:	
Reason for Leaving:			Duties:

May we contact your previous employers: <b>YES / NO</b> If no, please explain:
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## References

Name:	Address:	City:	State:	Zip:
Phone Number(s):		Best Time to Call:		

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Phone Number(s):		Best Time to Call:		

Name:	Address:	City:	State:	Zip:
Phone Number(s):		Best Time to Call:		

I hereby declare that the information provided by me in this employment application is true and complete to the best of my knowledge. If employed, I understand that misstatements or omission of fact shall be considered cause for dismissal. I acknowledge that I will be required to provide documentary evidence of my employment eligibility, and identity required by the Immigration Control and Reform Act of 1986, and failure to provide such documentations will preclude my employment. I further understand that any employment relationship that I enter into with Gassafy Wholesale Florist Inc. will be for an indefinite period of time and may be terminated by either party "at will."

I hereby authorize all schools I attended, former employers, references, and any others who have access to public records to furnish Gassafy Wholesale Florist Inc. with any information requested and release all parties from any and all liability which may arise from such disclosures.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_