



Jacobson Floral Supply Inc.

500 Albany Street
Boston, MA 02118

Floral Supply

P. (617)426-4287 F. (617)426-1994

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, sexual orientation, or any other legally protected status.

| | |
|-----------------------|---------------------|
| Position Applied for: | Date of Application |
|-----------------------|---------------------|

| | | |
|----------------------------|----------|-------------|
| How did you hear about us: | | |
| Advertisement | Friend | Walk-In |
| Employment Agency | Relative | Other _____ |

| | | |
|-----------|------------|-------------|
| Last Name | First Name | Middle name |
|-----------|------------|-------------|

| | | | |
|---------|------|-------|-----|
| Address | City | State | Zip |
|---------|------|-------|-----|

| | |
|---------------------|------------------------|
| Telephone Number(s) | Social Security Number |
|---------------------|------------------------|

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

Have you ever been employed with us before? Yes No

If Yes, Give Date. _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes No

Proof of citizenship or immigration status will be required upon employment

On what date would you be available for work? _____

Are you available to work: Full Time Part-Time Temporary

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

Do you have a dependable means of transportation to and from work? Yes No

If Yes, please explain _____

Education

| | Name and Address of School | Course of Study | Years Completed | Diploma Degree |
|-----------------------|----------------------------|-----------------|-----------------|----------------|
| High School | | | | |
| Undergraduate College | | | | |
| Graduate Professional | | | | |
| Other (Specify) | | | | |

Additional Information

State any additional information you feel may be helpful to us in considering your application. Summarize special job-related skills & qualifications from employment or other experiences.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. Yes No

Employment Experience

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.

| | | | | |
|----|---------------------|----------------------|-------|----------------|
| 1. | Employer | Date Employed | | Work Performed |
| | | From | To | |
| | Address | | | |
| | Telephone Number(s) | Hourly Rate / Salary | | |
| | | Starting | Final | |
| | Job Title | Supervisor | | |
| | Reason for Leaving | | | |
| 2. | Employer | Date Employed | | Work Performed |
| | | From | To | |
| | Address | | | |
| | Telephone Number(s) | Hourly Rate / Salary | | |
| | | Starting | Final | |
| | Job Title | Supervisor | | |
| | Reason for Leaving | | | |
| 3. | Employer | Date Employed | | Work Performed |
| | | From | To | |
| | Address | | | |
| | Telephone Number(s) | Hourly Rate / Salary | | |
| | | Starting | Final | |
| | Job Title | Supervisor | | |
| | Reason for Leaving | | | |

References

| | |
|----|----------------|
| 1. | () |
| | (name) Phone # |
| | (address) |
| 2. | () |
| | (name) Phone # |
| | (address) |
| 3. | () |
| | (name) Phone # |
| | (Address) |

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer

Signature of Applicant

Date