



15405 John Marshall Highway  
 Haymarket, VA 20169  
 Fax 703-754-1201  
[www.bloomstoday.com](http://www.bloomstoday.com)

## Application for Employment

Applicants are considered for all positions without regard to race, ethnicity, religion, gender, national origin, age, disability, sexual orientation, citizenship, marital or veteran status, or the presence of a non-job related medical condition or disability.

➔ PLEASE PRINT

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Address: \_\_\_\_\_  
STREET APARTMENT #

\_\_\_\_\_ CITY STATE ZIP

Home Telephone # ( ) - . Cell Telephone # ( ) - . Social Security Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Are you legally authorized to work in the United States? Yes  No

Can you perform the essential duties of the job for which you are applying with or without an accommodation?  Yes  No

If you are under age 18, can you furnish a work permit?  Yes  No

Position desired: \_\_\_\_\_ Salary desired: \_\_\_\_\_

**AVAILABILITY:**  Part-Time  Full-Time (36 or more hours per week)

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

**Weekdays:** **Earliest** time I can be scheduled: \_\_\_\_ AM **Latest** time I can be scheduled: \_\_\_\_ PM

**Weekends:** **Earliest** time I can be scheduled: \_\_\_\_ AM **Latest** time I can be scheduled: \_\_\_\_ PM

**Minimum** number of hours desired per week: \_\_\_\_\_ **Maximum** number of hours desired per week: \_\_\_\_\_

Date Available to start working: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MONTH DAY YEAR I understand that I am stating I am available to work during the days and hours I have indicated. \_\_\_\_\_ (Initial to confirm)

How were you referred to us?  Newspaper Ad  On my own  Employee  Other: \_\_\_\_\_

Name of referral source: \_\_\_\_\_ Have you ever been employed here before?  Yes  No If yes, give dates: \_\_\_\_\_

Did you access our JobHotline for information?  Yes  No

**Business Hours:**  
 M-F 7am-11pm  
 Sat & Sun 8am-9pm  
All employees must work a Sat or a Sun.

### Education and Training

	Name of School	City and State	Major/ Subject	Year of Degree/Diploma
High School				xxxxxxxxxxxxxxxxxxxxxxxxxxxx
College/University				
Other				

List Certifications, Scholarships, Honors, Awards received: \_\_\_\_\_

Indicate languages you speak or write fluently: \_\_\_\_\_

Have you been convicted of a felony or misdemeanor within the last ten years?  Yes  No

If yes, please explain. \_\_\_\_\_

**EMPLOYMENT HISTORY Complete this section entirely even if a resume is submitted. Failure to complete this section entirely may eliminate your application from consideration.** Start with the most recent employer first and list all the jobs in sequential order. Include periods of self-employment and use a separate sheet if necessary.

1. Last or Present Employer:	Telephone ( )
Address:	Employed (Month and Year) From: To:
Supervisor's Name and Title:	Base Earnings Start: Last:
State Job Title and Describe Your Work:	Reason For Leaving
2. Previous Employer:	Telephone ( )
Address:	Employed (Month and Year) From: To:
Supervisor's Name and Title:	Base Earnings Start: Last:
State Job Title and Describe Your Work:	Reason For Leaving
3. Previous Employer:	Telephone ( )
Address:	Employed (Month and Year) From: To:
Supervisor's Name and Title:	Base Earnings Start: Last:
State Job Title and Describe Your Work:	Reason For Leaving
<p><b>WE MAY CONTACT THE EMPLOYERS LISTED ABOVE UNLESS YOU INDICATE THOSE YOU DO NOT WANT US TO CONTACT</b></p>	
<p><b>DO NOT CONTACT THE FOLLOWING INDIVIDUAL(S):</b>  <b>EMPLOYER NUMBER(S) _____</b>  <b>REASON _____</b></p>	

**EMPLOYMENT REFERENCES (list only professional references and not personal references).**

Name of Reference	Employer/Position	City/State	Business Phone

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for dismissal. I authorize the references listed above to give Flowers Sent Today (the Company) any and all information concerning my previous employment, including any other pertinent information they may have, personal or otherwise. In consideration of my employment, I agree to conform to the practices, rules, and regulations of the Company and my employment and compensation can be terminated at-will, with or without cause, and with or without notice, at any time, at the option of either the Company or myself.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date Signed