

Employment Application

Spedale's Florist, Inc.

110 Production Dr. Ste 101
Lafayette, LA 70508

All applicants must complete this application form in full. **Please Print Clearly.**
This application is void after 6 months; the applicant must re-apply after that time.

Spedale's Florist, Inc., does not discriminate in hiring or employment on the basis of race, color, creed, age, religion, sex, national origin, citizenship, marital status, application with or service in the military, disability, or any other legally protected characteristic under applicable federal or state laws. No questions on this application are intended to secure information to be used for such discrimination. This company prohibits harassment in the work place. The use of this form does not mean positions are open and does not obligate the company. Spedale's Florist, Inc., is an equal opportunity employer committed to a diverse and inclusive workforce.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.
Address: _____
Street Address Apartment/Unit #
City State ZIP code
Phone: (____) _____ E-mail Address: _____
Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____
Position Applied for: _____
Total Hours available per week: _____ Days and Hours not available: _____
Are you legally able to be employed in the U.S.? Yes _____ No _____
How did you hear about this employment opportunity? _____
How far do you live from Spedale's? _____ Do you have transportation? _____

Education

High School: _____ Address: _____
From: _____ To: _____ Did you graduate? Yes _____ No _____ Degree: _____
College: _____ Address: _____
From: _____ To: _____ Did you graduate? Yes _____ No _____ Degree: _____
Other: _____ Address: _____
From: _____ To: _____ Did you graduate? Yes _____ No _____ Degree: _____

Employment History

May we contact your present employer? Yes _____ No _____

Company _____ Street Address _____
City _____ State _____ Zip _____ Phone (____) _____ Rate of Pay \$ _____
Supervisor _____ Dates Worked _____ to _____
Reason for Leaving _____

Company _____ Street Address _____
City _____ State _____ Zip _____ Phone (____) _____ Rate of Pay \$ _____
Supervisor _____ Dates Worked _____ to _____
Reason for Leaving _____

Company _____ Street Address _____
City _____ State _____ Zip _____ Phone (____) _____ Rate of Pay \$ _____
Supervisor _____ Dates Worked _____ to _____
Reason for Leaving _____

U.S. Military: Branch of Service _____ Date Entered _____ Date Discharged _____
Highest Rank: _____ Work Skills: _____

General: What other relevant experience or training have you had and what other activities are you involved in? (Exclude organizations that indicate race, religion, age or national origin of members.)

Please read the section below carefully before signing

U.S. law requires that, if hired, you must furnish appropriate documentation establishing identity and employment eligibility, generally within 72 hours of starting work. For example, acceptable documents include: a U.S. Passport, or INS Forms 688 or 688A; a Social Security Card or birth certificate issued by government authority and a driver's license, school I.D. with photo or other government issued documentation establishing identity. Certain other documents are equally acceptable. Please consult a member of the management team and ask them for a copy of INS Form I-9 for a list of these documents.

***DURING THE PAST 5 YEARS, HAVE YOU EVER BEEN CONVICTED OF, PLED GUILTY TO OR PLED NO CONTEST TO A CRIME, EXCLUDING MISDEMEANORS AND TRAFFIC VIOLATIONS?**

Yes _____ No _____ IF, YES, DESCRIBE IN FULL _____

* Answering yes will not necessarily bar you from employment. Applicants are not required to disclose sealed or expunged conviction records or the existence of such records.

ARE YOU OR HAVE YOU EVER BEEN A SEX OFFENDER REGISTERED WITH ANY FEDERAL, STATE, OR LOCAL GOVERNMENT AGENCY, INCLUDING ANY LISTING ON A PUBLIC WEBSITE? Yes _____ No _____

1. I certify that I have read this application and the information on it is complete and correct. I understand that any omissions or misrepresentation of information is grounds for dismissal.
2. I authorize the persons, employers, schools and organizations listed on this application to give you any information concerning my employment and other pertinent information they may have, personal or otherwise, and release all parties from all liability and damages that may result from furnishing this to you.
3. I acknowledge that the owner of Spedale's Florist, Inc., reserves the right to amend or modify any of its handbooks or policies at any time and without prior notice. These policies do not create any promises or contractual rights between this employer and its employees. Employment at Spedale's Florist, Inc. is at will. This means an employee is free to terminate his/her employment at any time, without any reason, with or without cause, and the owner of Spedale's Florist, Inc., retains these same rights. The owner of Spedale's Florist, Inc., is the only person who may make an exception to this, and any exception must be in writing, addressed to a particular individual, and sign by the owner.
4. Spedale's Florist is an Equal Opportunity Employer. Various federal, state, and local laws prohibit discrimination on account of race, color, religion, sex, age, national origin, disability or veterans status, or other categories protected by law. It is Spedale's Florist, Inc's policy to comply fully with these laws, as applicable, and information requested on this application will not be used for any purposed prohibited by law.
5. I understand that as a part of the procedure for my employment application an investigative consumer report may be made concerning my character, general reputation, personal characteristics and mode of living. Upon written request, additional disclosure concerning the complete nature and scope of the investigation will be provided. If I am denied a job based either wholly or in part because of information contained in an investigative consumer report, I will be provided the name and address of the reporting agency that supplies the information.

Signature _____ Date _____