

Bloom Greenhouse & Garden Centre

EMPLOYMENT APPLICATION

PERSONAL

Date: _____ SIN# _____ - _____ - _____

Last Name _____ First _____ Middle _____

Present Street Address _____ Home Phone _____

City, Province, Postal Code _____ Cell Phone _____

Email _____

Have you ever applied for employment with Bloom Greenhouse & Garden Centre before? (Please say yes if you applied to Springvale previously)

Yes No If yes, when? _____

Are you at least 16 years of age?

Yes No

Are you legally allowed to work in Canada?

Yes No

Are you a licensed driver? Yes No

License Number: _____ Province of Issue: _____

EMPLOYMENT DESIRED

Position Desired (Please choose one only or indicate preference)

Sales Cashier Carryout Other _____

Wage Expected _____

Date Available to Start Work _____

Specify Days and Hours Available (Check all that apply mid- April through May)

Sunday day shift

Sunday night shift

Monday day shift

Monday night shift

Hours per week desired _____

Tuesday day shift

Tuesday night shift

Wednesday day shift

Wednesday night shift

Thursday day shift

Thursday night shift

Friday day shift

Friday night shift

Saturday day shift

Saturday night shift

Other _____

Any commitments that will conflict with the available hours you have listed? (sports, trips, etc...)

How were you referred to Bloom?

- Store sign Employee Referral Job Fair Newspaper Ad
 Other _____

Are you acquainted with anyone who works for Bloom?

- Yes No If yes, name(s) _____

NOTE: Valid references must be persons to whom you are not related.

PRESENT OR MOST RECENT EMPLOYER

Company Name	Telephone
<hr/>	
Address	Employed (month and year) From To
<hr/>	
Name of Supervisor	Salary Start Last
<hr/>	
State job titles and duties	Reason for leaving

SECOND MOST RECENT EMPLOYER

Company Name	Telephone
<hr/>	
Address	Employed (month and year) From To
<hr/>	
Name of Supervisor	Salary Start Last
<hr/>	
State job titles and duties	Reason for leaving

THIRD MOST RECENT EMPLOYER

Company Name	Telephone
<hr/>	
Address	Employed (month and year) From To
<hr/>	
Name of Supervisor	Salary Start Last
<hr/>	
State job titles and duties	Reason for leaving

MAY WE CONTACT ANY OF THE ABOVE EMPLOYERS? YES NO

If yes, whom _____

EDUCATION

High School	City/Province	Years Attended	Graduate?
Trade School	City/Province	Years Attended	Degree?
College/University	City/Province	Years Attended	Degree?
Graduate School	City/Province	Years Attended	Degree?

Additional job related educational experiences?

List any job related activities, hobbies or experiences you wish to share

APPLICANT AGREEMENT

I certify the answers given here are true and complete to the best of my knowledge. I authorize Bloom Greenhouse & Garden Centre to make such investigations of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquires in connection with my application.

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 Company.

I have read the above Applicant Agreement, and understand and agree to its terms.

Signature

Date
