



SINCE 1895
JOHN WOLF FLORIST
 6228 WATERS AVE.
 SAVANNAH, GEORGIA 31406
 PHONE 912-352-9843
 1-800-944-6435
 FAX 912-353-8843
 www.johnwolf Florist.com

Submit to: **JOHN WOLF FLORIST**
 6228 Waters Avenue
 Savannah, GA 31406
800-944-6435 • 912-352-9843

EMPLOYMENT APPLICATION

Attention Applicant:

- Please complete both pages of the the application
- Ensure all addresses and phone numbers are completed
- Resumes are only accepted with a completed application

Date of application: _____

LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NUMBER
-----------	------------	----------------	------------------------

STREET ADDRESS	CITY	STATE	ZIP	PHONE NUMBER	MESSAGE NUMBER	BEST TIME TO CONTACT
----------------	------	-------	-----	--------------	----------------	----------------------

DRIVERS LICENSE NUMBER	PREVIOUS ADDRESS	CITY	STATE	ZIP
------------------------	------------------	------	-------	-----

Position applied for 1st Choice: _____ 2nd Choice: _____	Hourly rate desired: _____ Comments: _____ _____ _____	Please circle one: FT PT Seasonal Please indicate total hours per week desired: _____
--	---	---

Please indicate the time you are available to work each day:

Day	SUN	MON	TUES	WED	THUR	FRI	SAT
From							
To							

Names of friends or relatives now working for **John Wolf Florist** you would use as a reference:

Were you referred to **John Wolf** for employment? no yes If so, by whom? _____

Do you have a **John Wolf** Charge Account? no yes

List driving violations or tickets incurred in the last three years _____

In case of an emergency, notify:

Name _____ Address _____

Phone _____ Relation to Applicant _____

EDUCATION HISTORY / SPECIAL TRAINING

SCHOOL	NAME & ADDRESS OF SCHOOL	CIRCLE LAST YEAR ATTENDED				GRADUATE	
High School	_____	1	2	3	4	<input type="checkbox"/> yes	<input type="checkbox"/> no
College	_____	1	2	3	4	<input type="checkbox"/> yes	<input type="checkbox"/> no
Other	_____	1	2	3	4	<input type="checkbox"/> yes	<input type="checkbox"/> no

Do you plan to continue your education? no yes If so, where? _____

SKILLS / SPECIAL INTERESTS

Typing - WPM _____ 10-key adding machine _____ Other _____

Computer Applications _____

EMPLOYMENT RECORD: List employers (excluding military service.) Please account for the last 8 years. If additional space is needed, use 2 applications.

Company 1 _____
Address _____ City _____ ST _____ Zip _____ Phone _____
Supervisor's name and title _____ Length of service: from _____ to _____ Starting salary _____
Type of work at start: Full Time Part Time Type of work when leaving: Full Time Part Time Leaving salary _____
Did you supervise others? No Yes - Explain _____
Reason for leaving _____

Company 2 _____
Address _____ City _____ ST _____ Zip _____ Phone _____
Supervisor's name and title _____ Length of service: from _____ to _____ Starting salary _____
Type of work at start: Full Time Part Time Type of work when leaving: Full Time Part Time Leaving salary _____
Did you supervise others? No Yes - Explain _____
Reason for leaving _____

Company 3 _____
Address _____ City _____ ST _____ Zip _____ Phone _____
Supervisor's name and title _____ Length of service: from _____ to _____ Starting salary _____
Type of work at start: Full Time Part Time Type of work when leaving: Full Time Part Time Leaving salary _____
Did you supervise others? No Yes - Explain _____
Reason for leaving _____

If you desire, please list volunteer work _____

If there is an employer you do not wish us to contact, please list and explain why _____

The above information is true and correct. I understand that any false information or any misrepresentation of facts may result in separation from **John Wolf**, if employed. I authorize you to inquire of and receive information from my former employers or work references as to my ability and past performance.

I agree, if employed, to conform to the guidelines and policies of **John Wolf**, whenever adopted by **John Wolf**, and that those guidelines and policies **do not constitute an employment contract**. I understand that **John Wolf** has a six-month probationary period. I also understand that either **John Wolf** or I may terminate the employment relationship at any time, as is outlined in **John Wolf's** Employee Handbook. Only a written agreement, signed by the president of the company, may modify this paragraph.

I understand that **John Wolf** may conduct an investigation of my credit record and consent to such an investigation.

In consideration of my employment by **John Wolf**, I, the undersigned, agree and consent that any wages which may be due may be applied against any indebtedness I may have incurred to **John Wolf** (pursuant to applicable state/federal law.)

Please be advised that **John Wolf** may seek information concerning criminal record from appropriate state agency.

PLEASE NOTE: Applicant agrees to provide the following:

1. Proof of meeting minimum wage requirements of applicable laws and submitting proof of true age after hired.
2. Submit proof of employability for the Immigration and Naturalization Service (EG passport, driver's license, ID card, and/or social security card.)

Date _____ Applicant's Signature _____



SINCE 1895
JOHN WOLF FLORIST
 6228 WATERS AVE.
 SAVANNAH, GEORGIA 31406
 PHONE 912-352-9843
 1-800-944-6435
 FAX 912-353-8843
 www.johnwolf Florist.com

Date of application: _____

REFERENCE REQUEST

Attention Applicant:

Do not fill this form out. It is for office use only.

Please read and sign only at the bottom.

We want you to know the questions we ask in checking your work history.

COMPANY NAME _____
 NAME _____ SOCIAL SECURITY NUMBER _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 DEPARTMENT OR SUPERVISOR _____ EMPLOYMENT DATE: FROM _____ TO _____ SALARY _____
 POSITION HELD _____

ARE EMPLOYMENT DATES CORRECT? IF NOT, PLEASE CORRECT DATES. YES NO FROM _____ TO _____
 NATURE OF APPLICANT'S WORK _____

DID APPLICANT TAKE PROPER CARE OF THE EQUIPMENT? YES NO
 DID APPLICANT'S POSITION ENTAIL PAPERWORK? YES NO IF YES, WAS IT COMPLETE ACCURATE NEAT

DID THE APPLICANT HAVE CUSTODY OF MONEY MERCHANDISE VALUABLES WAS ALL PROPERLY ACCOUNTED FOR? YES NO
 IF NOT, PLEASE EXPLAIN _____

WAS THE APPLICANT ABSENT
 NEVER OR RARELY OCCASIONALLY REPEATEDLY

REASON FOR TERMINATION
 LAID OFF RESIGNED DISCHARGED OTHER - PLEASE EXPLAIN _____

WOULD YOU RE-EMPLOY?
 YES NO IF NOT, PLEASE EXPLAIN _____

HONESTY	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	SAFETY HABITS	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
QUALITY OF WORK	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	DRIVING SKILLS	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
COOPERATION	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	ATTITUDE TOWARDS				
DEPENDABILITY	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	COMPANY	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

REMARKS _____

It is my understanding that the company will make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, or oral interview. I authorize such an investigation and the giving and receiving of any information requested by the company, and I release from liability any person giving or receiving such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, and may subject me to immediate dismissal.

 Signature of Applicant (to be signed in ink)