



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: | |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Relative |
| <input type="checkbox"/> Walk-In | |
| <input type="checkbox"/> 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
 Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment

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



Jacobson Floral Supply, Inc
500 Albany Street
Boston, MA 02118
(617) 426-4200

NOTICE & CONSENT FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE REPORT FOR EMPLOYMENT PURPOSES

I, the undersigned consumer, do hereby authorize **Jacobson Floral Supply** to procure a consumer report and/or investigative consumer report on me. I understand that **Jacobson Floral Supply** may utilize a consumer-reporting agency to perform this service.

I understand that the above-mentioned reports may include, but are not limited to, information concerning my employment history, education, character, general reputation, credit history, judgments, liens, driving history, social security number, criminal/civil history and any other public records.

I understand such information may be obtained by direct or indirect contact with former employers, schools, financial institutions, landlords, public agencies as well as through personal interviews with my references, associates, or other persons who may have such knowledge.

I understand that upon written request, I will be informed whether or not an investigative report was requested, and if a report was requested, I will be informed of the name and address of the consumer reporting agency that furnished the report.

I understand that this consumer report or investigative consumer report will be utilized by **Jacobson Floral Supply** for the purposes of evaluating me for employment, retention, promotion or reassignment. I also understand that if I am denied employment or adverse employment action is taken against me based wholly or in part on information obtained from this consumer report, that I will be notified by **Jacobson Floral Supply**. In such event, **Jacobson Floral Supply** will provide me with a copy of the consumer report along with a description of my rights under the Fair Credit Reporting Act and applicable state and federal laws.

I hereby release **Jacobson Floral Supply**, it's agents, and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, by me, my heirs or others making such a claim or demand on my behalf, for providing a consumer report and/or investigative consumer report hereby authorized. I understand that this Notice & Consent form shall remain in effect for the duration of my employment with **Jacobson Floral Supply** and shall serve as ongoing authorization to procure a consumer report at any time during the course of my employment.

Printed Name: _____

Signature: _____ Date: _____



Release & Authorization

I authorize **Creative Services, Inc. of 64 Pratt Street, Mansfield, MA 02048-1927** and its agents to conduct a full investigation into my background and activities. Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any appropriate employee, agent or representative of Creative Services, Inc. I understand that, during this background investigation process and in accordance with the Fair Credit Reporting Act, a Consumer Report or Investigative Consumer Report will be obtained concerning my previous employment, credit record, education, criminal history, character, general reputation, personal characteristics and mode of living. I release all Courts, Probation Departments, Selective Service Boards, Employers, Education Institutions, Banks, Credit Bureaus, Financial and other institutions, Law Enforcement and Governmental Agencies, federal, state and local, without exception, both foreign and domestic, from all liability and responsibility. I understand that this information may be transmitted electronically and authorize such transmissions. ***I authorize that a photocopy of this release be accepted with the same authority as the original.***

| | | |
|---|--|--|
| Are you applying for employment in the state of California? ___ YES ___ NO | | |
| If you are applying for employment in the state of California and a consumer report will be initiated on you within 3 days, your prospective employer will provide you with a copy of this disclosure. It includes important information about the scope and nature of the consumer report and summarizes CA Civil Code Section 1786.22 as required by law. If the report is not initiated until a future date, you will be notified at that time. | | |
| If you are applying for employment in the state of California, Minnesota or Oklahoma, would you like a copy of the consumer report prepared on you? ___ YES ___ NO | | |
| If currently employed, may we contact your current employer? ___ YES ___ NO ___ N/A | | |

| | | |
|--------------------|---------------------|----------------------|
| (LAST NAME) | (FIRST NAME) | (MIDDLE NAME) |
|--------------------|---------------------|----------------------|

List any other **LAST NAMES** that you have utilized during the previous 7 years or used when you received your GED, high school diploma or other degrees

Current Address: _____

City & State: _____ **Zip Code:** _____

Please list all addresses from the past seven years:

| | | | |
|----------|--------|---------|------------|
| (Street) | (City) | (State) | (Zip Code) |
|----------|--------|---------|------------|

| | | | |
|----------|--------|---------|------------|
| (Street) | (City) | (State) | (Zip Code) |
|----------|--------|---------|------------|

| | | | |
|----------|--------|---------|------------|
| (Street) | (City) | (State) | (Zip Code) |
|----------|--------|---------|------------|

| | | | |
|----------|--------|---------|------------|
| (Street) | (City) | (State) | (Zip Code) |
|----------|--------|---------|------------|

Social Security No: _____ **Date of Birth: *** _____

Driver's License No: _____ **Driver's License State of Issue:** _____

Signature: _____ **Date:** _____

** Date of birth is being requested to ensure accurate retrieval of records. It will not be considered by the employer in making an employment decision. This form will be filed separately from your employment application.*