

# 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)

<input type="checkbox"/> Sunday day shift	<input type="checkbox"/> Sunday night shift	Hours per week desired _____
<input type="checkbox"/> Monday day shift	<input type="checkbox"/> Monday night shift	
<input type="checkbox"/> Tuesday day shift	<input type="checkbox"/> Tuesday night shift	
<input type="checkbox"/> Wednesday day shift	<input type="checkbox"/> Wednesday night shift	
<input type="checkbox"/> Thursday day shift	<input type="checkbox"/> Thursday night shift	
<input type="checkbox"/> Friday day shift	<input type="checkbox"/> Friday night shift	
<input type="checkbox"/> Saturday day shift	<input type="checkbox"/> Saturday night shift	

Other \_\_\_\_\_

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

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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
Address	Employed (month and year) From To
Name of Supervisor	Salary Start Last
State job titles and duties	Reason for leaving

### SECOND MOST RECENT EMPLOYER

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

### THIRD MOST RECENT EMPLOYER

Company Name	Telephone
Address	Employed (month and year) From To
Name of Supervisor	Salary Start Last
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

\_\_\_\_\_