FLOWERAMA EMPLOYMENT APPLICATION

Flowerama does not discriminate on the basis of race, color, national origin, sex religion, age, disability or veteran status, or any other criterion made unlawful under applicable federal or state laws. You are not required to give information responsive to inquiries prohibited by law.

First Name	Ini	tial	Last Name	
Street Address				
Mobile Phone Number				
Daytime Telephone Nu	mber which	we ma	y contact you:_	
Email Address				
EDUCATION				
High School/College 1	<u>Name</u>	<u>City</u>	<u>/State</u>	<u>Last Grade Completed</u>
Have you ever been con If YES please explain	nvicted of a	crime?	Yes	No
PREVIOUS EMPLOY			. ~	
List your current or mo				
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Supervisor's Name and Date of Employment				To:
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Previous Employer:				
City and State:				
Telephone Number:				
Supervisor's Name and	l Title:			
Date of Employment				To:
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YOU MUST READ AND SIGN THE FOLLOWING CONDITIONS AND CERTIFICATIONS:

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports may include information as to my character, work habits, performance, educations, compensations and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that Flowerama may be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and I hereby consent to Flowerama obtaining the above information from the previous employers, various governmental activities and agencies and from the provided reference. I hereby release from all liability or responsibility all persons, companies, organizations or corporations furnishing such information to Flowerama and as well as Flowerama, Flowerama of America Inc and any other affiliates who may be the recipients of such information.

I certify that the information I have furnished on this application form is true and complete. I understand that any misleading or incorrect statements, verbally or in writing, or the incomplete filling out of the application may render this application void and, if employed, may be cause for immediate dismissal.

I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with the company and the failure to provide this evidence will result in the termination of my employment.

All hiring and employment by Flowerama is at will. I understand this application is not an employment contract, nor can it be used to create one. Employment by Flowerama has no

specific term and may be terminated by the employee or Flowerama with or without notice. I				

acknowledge that Flowerama has not made any proceeding of this paragraph. This at-will provision agreement signed by the President and me. I further familiar with Flowerama policies and I understand modify its policies, rules, regulations and practices a state and local law. If I am employed with Floweram	may only be modified or waived by a written r understand that I am responsible for being that Flowerama has complete discretion to at any time, to the extent permitted by federal,
Applicants Signature	Date