

DATE REC'D:
REC'D BY:
EEID# (IF HIRED):

			EEID# (	IF HIRED):
PERSONAL INFORMATION				
please complete all information. use ink an				
Last Name:				
		10 17:		
		-	/State/Zip:	
, ,	, ,		Email:	
Are you legally authorized to federal law requires you to produce within			entity and authorization for employment in the us.	
Are you at least 16 years of ag			it least 18 years of age? Yes□ No□	
Do You have a valid driver's l		-	ever worked for Mulhall's before? Yes I	□ No□
EMPLOYMENT HISTORY				
please account for the last 5 years, starting	with the most recent, complete even it	f vou are attaching a resu	mé.	
May we contact your current		<i>J </i>		
•			EMPLOYMENT DATES From:	Т-
			Ending Salary:	
			Supervisor's Name:	
			Why did you leave?	
•				
			EMPLOYMENT DATES From:	
			Ending Salary:	
			Supervisor's Name:	
•			Why did you leave?	
COMPANY NAME:			EMPLOYMENT DATES From:	To:
Address:	Phone	#:()	Ending Salary:	
Title:			Supervisor's Name:	
What kind of work did you d	0?		Why did you leave?	
EDUCATION & SKILLS				
High School:		City	State:	
Circle highest grade complete		-	vou still attending? Yes□ No□	
List all business, trade school	s, college, or other educati	•	ther or not a degree was obtained:	
Name	Address	Dates	Major	Degree Complete
Describe any abilities, experie	ence, or aptitude that you	believe would be	helpful in your job:	
Do you speak multiple langua	ages? If so, which?			

## please list the names of three persons not related to you who you have known for at least one year. Company Phone # # of Years Acquainted **JOB INTEREST** What position are you applying for? Why do you think you're a good fit? In order of preference, rank the other departments that you would be open to working within, if you are not interested in working in other departments, leave blank (1 = Highest Interest, 8 = Least Interest): \_ Floral \_ Customer Service \_ Warehouse \_ Greenhouse \_ Retail Support \_ Patio + Décor Sales \_ Store Leadership \_ Hardy Plants What is the maximum number of hours you would prefer to work each week? What is the ideal number of hours you would prefer to work each week? What is the minimum number of hours you would prefer to work each week? Any friends or relatives working for us? How did you hear about Mulhall's? \_\_\_\_\_ YOUR AVAILABILITY How soon could you start working for Mulhall's? What is your desired salary/wage? \_ SUNDAY TUESDAY SATURDAY MONDAY WEDNESDAY THURSDAY FRIDAY **EARLIEST TIME** LATEST TIME **SECURITY** Have you ever been convicted of (or pleaded guilty to) a crime? Yes □ No □ # of times \_\_\_\_\_ Did the conviction(s) (or guilty plea) result in imprisonment? Yes □ No □ # of times \_\_\_\_\_ Explain each conviction (and guilty plea) fully: a conviction or guilty plea will not necessarly disqualify an applicant, but it may affect your suitability for some positions. **AUTHORIZATION AND CERTIFICATION** By presenting this application for employment, I represent that the statements given by me in response to the information requested are true, correct, and complete. Any false or misleading information given on this application or during the interview process shall be sufficient grounds for my discharge. I understand that Mulhall's does not condone the illegal possession, distribution, sale or use of alcohol or drugs in the workplace, and that these are causes for immediate termination. I further understand that, if employed by Mulhall's, my employment at Mulhall's will be "at will," meaning that my employment can be terminated by Mulhall's or by myself at any time or for any reason. I acknowledge that any offer of employment to me by Mulhall's is contingent upon my successful and timely completion of INS form I-9, and on producting the proper documents required by the Immigration Reform and Control Act of 1986. I understand that failure to meet these requirements within 3 days of employment will result in my termination. I authorize the company and/or its agents to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any of said persons, schools, companies, and law enforcement authorities from any liability for any damage whosoever for issuing this information.

**REFERENCES** 

Signature of Applicant

Date