



Submit to: **MORAVIAN FLORIST**  
 Attn: HR  
 2286 Richmond Rd. Staten Island, NY 10306  
 800-733-2286 • 718-351-4440

# 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
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STREET ADDRESS	CITY	STATE	ZIP	PHONE NUMBER	MESSAGE NUMBER	BEST TIME TO CONTACT
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DRIVERS LICENSE NUMBER	PREVIOUS ADDRESS	CITY	STATE	ZIP
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Position applied for 1st Choice: _____  2nd Choice: _____	Hourly rate desired: _____ Comments: _____ _____ _____	Please circle one: FT PT Seasonal  Please indicate total hours per week desired: _____
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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 **Moravian** you would use as a reference:

\_\_\_\_\_

\_\_\_\_\_

Were you referred to **Moravian** for employment?  no  yes If so, by whom? \_\_\_\_\_

Do you have a **Moravian** 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	
		1	2	3	4	<input type="checkbox"/> yes	<input type="checkbox"/> no
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 **Moravian** 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 Moravian, whenever adopted by Moravian, and that those guidelines and policies **do not constitute an employment contract**. I understand that **Moravian** has a six-month probationary period. I also understand that either Moravian or I may terminate the employment relationship at any time, as is outlined in **Moravian's** Employee Handbook. Only a written agreement, signed by the president of the company, may modify this paragraph.

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

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

Please be advised that **Moravian** 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 \_\_\_\_\_



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. <input type="checkbox"/> YES <input type="checkbox"/> NO FROM _____ TO _____
NATURE OF APPLICANT'S WORK _____

DID APPLICANT TAKE PROPER CARE OF THE EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
DID APPLICANT'S POSITION ENTAIL PAPERWORK? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WAS IT <input type="checkbox"/> COMPLETE <input type="checkbox"/> ACCURATE <input type="checkbox"/> NEAT

DID THE APPLICANT HAVE CUSTODY OF <input type="checkbox"/> MONEY <input type="checkbox"/> MERCHANDISE <input type="checkbox"/> VALUABLES WAS ALL PROPERLY ACCOUNTED FOR? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF NOT, PLEASE EXPLAIN _____

WAS THE APPLICANT ABSENT
<input type="checkbox"/> NEVER OR RARELY <input type="checkbox"/> OCCASIONALLY <input type="checkbox"/> REPEATEDLY

REASON FOR TERMINATION
<input type="checkbox"/> LAID OFF <input type="checkbox"/> RESIGNED <input type="checkbox"/> DISCHARGED <input type="checkbox"/> OTHER - PLEASE EXPLAIN _____

WOULD YOU RE-EMPLOY?
<input type="checkbox"/> YES <input type="checkbox"/> 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)