

Anderson McInay Florist

409 Court St NE

Salem, OR 97301

www.wowflowers.com 503-364-9770

NAME :	_____
ADDRESS:	_____ CITY: _____ STATE: _____
PHONE :	_____ BIRTH DATE : _____ AGE : _____ (OPTIONAL)
SSN :	_____ Drivers License # _____ State _____
If Appling for Delivery then months driven:	_____ Have you driven over 100 Hours _____

TRAINING & SCHOOLING :

(Use Back if you need more room)

PREVIOUS EMPLOYMENT :

(Use Back if you need more room)

Do you smoke ? : Yes or No									
REFERENCES:									
<table border="1"><thead><tr><th>NAME</th><th>ADDRESS / PHONE</th><th>Years acquainted</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>	NAME	ADDRESS / PHONE	Years acquainted						
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PLEASE PUT A MARK IN THE AREAS WHERE YOU HAVE TRAINING

<input type="checkbox"/>	All occasion Bouquets	<input type="checkbox"/>	Floral Delivery
<input type="checkbox"/>	Corsages & Boutonnieres	<input type="checkbox"/>	Counter Sales / Help
<input type="checkbox"/>	Contemporary Styles Bouquets	<input type="checkbox"/>	Flower Care & Preparation
<input type="checkbox"/>	Wedding Flowers	<input type="checkbox"/>	Wedding Sales
<input type="checkbox"/>	Telephone Sales	<input type="checkbox"/>	None of the above

What hourly wage would you like to receive? : \$ ____ . _____
If Part time, How many hours a week ? _____

In signing this application, I give Anderson McInay my permission to check my references.

SIGNATURE : _____ DATE : _____

EMPLOYMENT APPLICATION