

Employment Application

Last Name:		First:		Middle:		
Address			Home Phone	()		
Apt #			Cell Phone	()		
City, State, Zip			Are you over 18?	☐ YES ☐ NO		
Email Address						
How did you hear a	about this position	n?				
		YES	NO			
Do you have the le						
Have you ever worl						
=		which job/department? _ ent at White Flower Farm				
		which position?				
I am seeking:		Year Round Employmen	t □ Seasonal	☐ Seasonal Employment		
(Please check all that apply)		Full Time Schedule	☐ Part Time	☐ Part Time Schedule		
		orrington Location:	Morris Loca	Morris Location:		
		Customer Service	☐ Farm			
		Maintenance	☐ Grounds	☐ Grounds keeping		
		Warehouse	☐ Store			
		Other:				
What hours are you	able to work?	What date co	ould you begin?			
Monday:	to	Friday:	to			
•	to	-	to			
Wednesday:			to			
Thursday:	to					
Horticultural experi	ence:	Skills:				
Machinery / Equipr	nent:					
Computer / Softwa	re:					
Other relevant Train	ning:					
		References:				
Name:		Relationship:	Pho	one: ()		
Name:		Relationship:	Pho	one: ()		
Name:		Relationship:				
			PI	ease complete both sides		

Education:

High School:	Location:		(_ Graduated? □ YES □ NO				
College / University: _	l	Location:		Graduated? ☐ YES ☐ NO				
Years completed:								
Graduate School:	L	ocation:	(Graduated?	☐ YES ☐ NO			
Years completed:	Type of Degree:	9	Subject:					
Technical / Other:		Location:		Graduated [*]	? □ YES □ NO			
Years completed:	Type of Degree:	_ Type of Degree: Subject:						
Employment History:								
Company			Dates Employed					
Position			Pay	\$				
Supervisor			Phone number	()				
Reason for leaving			May we contact?	☐ YES	□NO			
Company			Dates Employed					
Position			Pay	\$				
Supervisor			Phone number	()				
Reason for leaving			May we contact?	☐ YES	□ NO			
Company			Dates Employed					
Position			Pay	\$				
Supervisor			Phone number	()				
Reason for leaving			May we contact?	☐ YES	□ NO			
Statement of Application All qualified applicants receive consideration for employment without regard to race, color, religion, sex, marital status, age, national origin, gender identity, sexual orientation, disability or veteran status or any other characteristic protected by applicable law.								
The facts set forth in my application for employment (and accompanying attachments or resumes, if any) are true and complete. I understand that false or misleading statements or the withholding of pertinent information on this application (and accompanying attachments or resumes, if any) shall be considered sufficient cause for refusal to hire or dismissal, if I become employed by White Flower Farm.								
I hereby consent to having White Flower Farm contact anyone that it deems appropriate to investigate or verify any information I have given, or to discuss my background, past performance or suitability for employment. I further consent to being discussed by any person so contacted and waive all rights to bring any action for defamation, invasion of privacy, violation of the Connecticut Personnel File statutes (Conn. Gen. Stat. 31-128a et seq.) or any other cause of action against the Company or anyone contacted as a result of what he or she may say about me.								
I understand that my employmer such termination.	nt may be terminated at any tim	ne without liability of w	age or salary except such as	may have been	earned at the date of			
Although every effort will be made employment that White Flower For work, working in other departme	arm may at times make the foll	owing conditions mand						
I further understand that this is all create an employment contract. Company has a right to terminate change wages, benefits and conductive to enter into any agrees.	I understand that if I am emplo e my employment at any time a litions at any time. I further und	oyed, such employment and for any reason and derstand that no repres	is at-will and for an indefini I retain a similar right. Whit sentative of the Company ot	te period of time e Flower Farm a her than the Pre	e and that the Iso has the right to			
White Flower Farm thanks you fo and conditions relative to your er			orking with us. Sign below	only if you unde	erstand all the terms			
Signed:	Pri	nt Name:		_ Date:				