

RENNING'S FLOWERS 331 ELTON HILLS DR NW ROCHESTER, MN 55901 (507-289-1818)
 (Pre Employment Questionnaire) (An Equal Opportunity Employer)

APPLICANT INFORMATION									
Last Name:			First:			M.I.		Date:	
Street Address:						Apartment/Unit #			
City:			State:			ZIP:			
Phone:			E-mail Address:						
Date you can start:			Soc. Security No.			Desired Salary:			
Position Applied for:									
Are you 18 years or order?		YES <input type="checkbox"/>	NO <input type="checkbox"/>						
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever applied to this company before?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?					
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:					
Are you employed now?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, may we contact your present employer?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Referred by:				Current Employer:			Phone#		
EDUCATION									
High School:				Address:					
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College:				Address:					
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other:				Address:					
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
REFERENCES									
<i>Please list three professional references.</i>									
Full Name:					Relationship				
Company:					Phone		()		
Full Name:					Relationship				
Company:					Phone		()		
Full Name:					Relationship				
Company:					Phone		()		

(Continued on other side)

PREVIOUS EMPLOYMENT (LIST BELOW THE LAST 3 EMPLOYERS, STARTING WITH THE MOST RECENT FIRST)

Company		Phone	()
Address		Supervisor:	
Job Title		Starting Salary\$	Ending Salary\$
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone	()
Address		Supervisor	
Job Title		Starting Salary\$	Ending Salary\$
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone	()
Address		Supervisor	
Job Title		Starting Salary\$	Ending Salary\$
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

MILITARY SERVICE

Branch:		From:	To:
Rank at Discharge:		Type of Discharge:	
If other than honorable, explain			
In Case of Emergency Notify:			
(Name)	(Address)	(Phone #)	

DISCLAIMER AND SIGNATURE

"I certify that all the information submitted by me on this application is true and complete. And I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated with our without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice at any time by the company."

Signature:	Date:			
Do not write below this line				
Interviewed by:	Date:	Hired: Yes / No	Position:	Start Date:
Remarks:	Salary/Wage:			