



FLOWERS, ANTIQUES & GIFTS

Submit to: TRIAS FLOWERS, ANTIQUES & GIFTS
Attn: HR
6520 S.W. 40th St. Miami, FL 33155
800-877-6573 • 305-665-5300

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: _____

Form with fields: LAST NAME, FIRST NAME, MIDDLE INITIAL, SOCIAL SECURITY NUMBER

Form with fields: STREET ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, MESSAGE NUMBER, BEST TIME TO CONTACT

Form with fields: DRIVERS LICENSE NUMBER, PREVIOUS ADDRESS, CITY, STATE, ZIP

Form with fields: Position applied for, Hourly rate desired, Comments, Please circle one: FT PT Seasonal, Please indicate total hours per week desired

Please indicate the time you are available to work each day:

Table with columns: Day, SUN, MON, TUES, WED, THUR, FRI, SAT and rows: From, To

Form with text: Names of friends or relatives now working for Trias you would use as a reference:

Were you referred to Trias for employment? no yes If so, by whom?

Do you have a Trias 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

Form with table for School, Name & Address of School, Circle Last Year Attended, Graduate, and a question about continuing education.

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 **Trias** 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 Trias, whenever adopted by Trias, and that those guidelines and policies **do not constitute an employment contract**. I understand that **Trias** has a six-month probationary period. I also understand that either Trias or I may terminate the employment relationship at any time, as is outlined in Trias's Employee Handbook. Only a written agreement, signed by the president of the company, may modify this paragraph.

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

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

Please be advised that **Trias** 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 _____



FLOWERS, ANTIQUES & GIFTS

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. YES NO FROM _____ TO _____

NATURE OF APPLICANT'S WORK _____

DID APPLICANT TAKE PROPER CARE OF THE EQUIPMENT? YES NO

DID APPLICANT'S POSITION ENTAIL PAPERWORK? YES NO IF YES, WAS IT COMPLETE ACCURATE NEAT

DID THE APPLICANT HAVE CUSTODY OF MONEY MERCHANDISE VALUABLES WAS ALL PROPERLY ACCOUNTED FOR? YES NO

IF NOT, PLEASE EXPLAIN _____

WAS THE APPLICANT ABSENT

NEVER OR RARELY OCCASIONALLY REPEATEDLY

REASON FOR TERMINATION

LAID OFF RESIGNED DISCHARGED OTHER - PLEASE EXPLAIN _____

WOULD YOU RE-EMPLOY?

YES 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)