



# AVON VALLEY FLORAL GROUP

## Application Form

Date:

*Please mail completed application with resume (optional) to:*  
**Human Resources, Avon Valley Floral 285 Town Road, Falmouth, NS B0P 1L0**  
**Or Fax To: 1-902-798-8272**      *applications will be forwarded to location of interest*

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
LAST FIRST INITIAL

**Address:** \_\_\_\_\_  
STREET  
 \_\_\_\_\_  
CITY PROVINCE POSTAL CODE

**EDUCATION HISTORY: (Are you presently a student? Yes \_\_\_\_\_ No \_\_\_\_\_)**

Institution	Location	Grade/Diploma/Degree Completed

**EMPLOYMENT HISTORY:**

1

Employer:	Job Title:	
Address:	Phone:	
May we contact this employer?	Salary	
Reason for leaving?	Employment From:	To:
Acquired Skills:		

2

Employer:	Job Title:	
Address:	Phone:	
May we contact this employer?	Salary	
Reason for leaving?	Employment From:	To:
Acquired Skills:		

3

Employer:	Job Title:	
Address:	Phone:	
May we contact this employer?	Salary	
Reason for leaving?	Employment From:	To:
Acquired Skills:		

**REFERENCES (do not use relatives):**

Name	Occupation	Address & Telephone #
1.		
2.		
3.		

**SKILLS (please "√" the following that apply to you):**

<input type="checkbox"/> Computers	<input type="checkbox"/> Bilingualism
<input type="checkbox"/> Sales	<input type="checkbox"/> Driver's License
<input type="checkbox"/> Telemarketing	<input type="checkbox"/> Special Machinery: _____
<input type="checkbox"/> Customer Service	<input type="checkbox"/> Technological Trade: _____
<input type="checkbox"/> Agricultural/Greenhouse Experience	<input type="checkbox"/> Other: _____

**OTHER:**

Date Available	Position Applied For
Location Preferred    ___ Falmouth, NS ___ Dartmouth, NS                    ___ Sussex NB                    CHECK LOCATION(S) OF INTEREST	
Hours Available	Shift Desired:
Salary Expected	<input type="checkbox"/> Full-time <input type="checkbox"/> Student <input type="checkbox"/> Part-time <input type="checkbox"/> No Preference

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind. I agree that the company shall not be liable if any employment is terminated because of the falsity of statements or answers of omission made by me in this questionnaire. I agree to submit to a physical examination if needed. I also authorize the companies, schools, and persons named to give any information they may have regarding myself, whether or not it is in their records. I hereby release said companies, schools, or persons from all liability for any damage for issuing this information.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**INTERVIEWER COMMENTS:**
