

Radford City Florist
1120 East Main Street - Radford, VA 24141
www.Radfordflorist.com

Office Use	
Date Issued _____	Date Returned _____
Dress Code _____	Instructions Followed _____

Pre-Employment Questionnaire

An Equal Opportunity Employer

Personal Information

Name			Date
Last	First	Middle	
Social Security Number			

Present Address

Street	City	State	Zip Code
--------	------	-------	----------

Permanent Address

Street	City	State	Zip Code
--------	------	-------	----------

Phone #	Email:	Are you 18 years or older?	Yes	No
----------------	---------------	-----------------------------------	------------	-----------

Are you either a US citizen or an alien authorized to work in the US? **Yes** **No**

Employment Desired

Position	Date you can start	Salary desired
Are you employed now?	Yes	No
If so may we inquire of your present employer?	Yes	No

Education

Are you a high school graduate? **Yes** **No** **Year?** **GED** **Yes** **No** **N/A**

College, Trade or Business School And Location	No. of years attended	Did you graduate?	Subjects studied

Special Skills

US Military or Naval Service	Rank	Present Membership in National Guards or Reserve	Yes	No
-------------------------------------	-------------	---	------------	-----------

Can you accurately read a map? **Yes** **No** **Are you an accurate typist?** **Yes** **No**

How familiar are you with the City of Radford? **Blacksburg?**

Christiansburg? **Dublin?** **Pulaski?**

Former Employers-list last three, starting with the last one first

Date Month and Year	Name, <u>Mailing Address</u> , Phone No., Email & Contact Person of Employer	Salary	Position	Reason for leaving
<i>From</i>				
<i>To</i>				
<i>From</i>				
<i>To</i>				
<i>From</i>				
<i>To</i>				

Which of these jobs did you like best? What did you like most about this job?

References: give the names and complete addresses of three people, not related to you, whom you have known at least one year.

Name/Mailing Address/ Phone Number/Email	Business Relationship	Years known

In case of emergency notify

Name

Full address

Phone

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of wages and salary, be terminated at any time without prior notice and without cause.

Date

Signature

IMPORTANT

1.) If called for an interview, a copy of your driving record from the Division of Motor Vehicles must be submitted. 2.) Applications are accepted on Mondays between 10:30am and 2:30pm unless otherwise noted on this form. They may be mailed or faxed (540.639.2419) at any time. 3.) If you are a student, a copy of your class schedule must accompany this application.