



Robertson's Application for Employment

Today's Date _____

Please check store you wish to apply to

- Robertson's Flowers of Chestnut Hill
- Robertson's Flowers of Bryn Mawr
- Robertson's Greenhouse / Garden Center / Center Of Operations

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Cell Phone _____

Social Security # _____

Referred by

- Newspaper
- Website
- Walk in

Are you currently employed? Yes/No

Date you could begin working _____

Salary desired _____

Are you interested in full or part time? Full/Part

Have you ever applied to Robertson's before? Yes/No

Position you are applying for _____

If the position you are applying for is not available at your choice of store location, would you be willing to work at another location? Yes/No

Education History	Name and location	Years attended	Did you graduate
High School			Yes/No
College			Yes/No
Graduate School			Yes/No

General Information – subjects of special study/research work or special training skills



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Former Employers- list below last three employers

	Name of employer	Salary	Position	Reason for leaving
From				
To				
From				
To				
From				
To				

References – please list the names of three persons not related to you, whom you have known at least one year

Name	Address	Business	Phone#	Years known
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Authorization

"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 and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disability Act (ADA) and other relevant federal and state laws"

Date _____ Signature _____

Interviewed by _____ Date _____

DO NOT WRITE BELOW THIS LINE

Remarks

Neatness	Character
Personality	Ability

Hired	For department	Position	Will report	Salary
wages				
Approved				

Mail to:
 Robertson's Flowers Human Resources Department
 1301 E. Mermaid Lane
 Wyndmoor, Pa 19038-7636
 Fax to: (215) 247-3393
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