

AVAILABILITY		
Number of hours I would like per week:		
Monday	<input type="checkbox"/> Unavailable	Hours available (e.g., 3-7pm)
Tuesday	<input type="checkbox"/> Unavailable	Hours available (e.g., 3-7pm)
Wednesday	<input type="checkbox"/> Unavailable	Hours available (e.g., 3-7pm)
Thursday	<input type="checkbox"/> Unavailable	Hours available (e.g., 3-7pm)
Friday	<input type="checkbox"/> Unavailable	Hours available (e.g., 3-7pm)
Saturday	<input type="checkbox"/> Unavailable	Hours available (e.g., 3-7pm)
Sunday	<input type="checkbox"/> Unavailable	Hours available (e.g., 3-7pm)

Please read each statement carefully before signing:

1. I certify that all information provided in this employment application is true and complete to the best of my knowledge. I understand that if I am employed, discovery that I gave false information during the application process may result in immediate dismissal.
2. I further certify that I am not engaged in any outside activity or business that could be considered in conflict with Kopke's Fruit of the Bloom, Inc., interest or those of its customers, nor will I become engaged in such activity or business, if employed.
3. I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and educational history, driving record and criminal history. I authorize any person, school, current and former employer, and any other organization or agency to provide information relevant to such investigation and I hereby release all parties requesting or supplying information pursuant to such investigation from all claims, liabilities and damages for any reason arising out of the furnishings of such information. If employed, I release the company from any liability for future references regarding my work history with Kopke's Fruit of the Bloom, Inc.
4. I understand that I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of my employment.
5. I understand that this application or subsequent employment does not create a contract for employment nor guarantee employment for any definite period. I agree that my employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either Kopke's Fruit of the Bloom, Inc. or myself.
6. If employed, I further agree that if Kopke's Fruit of the Bloom Inc. advances any paid leave before it has been accrued, or advances or loans me any money during my employment, or if I lose, damage or fail to return any Kopke's Fruit of the Bloom, Inc. property, Kopke's Fruit of the Bloom, Inc. is authorized to deduct from my wages sufficient funds to repay such loans, advances or to replace its property.

I have read, understand and by my signature consent to these statements.

Signature: _____

Date: _____

OFFICE USE ONLY	
Interviewed by:	Interview date:
Remarks:	
Hire: <input type="radio"/> Yes <input type="radio"/> No If no, list reason:	Position:
Offer made and accepted: <input type="radio"/> Yes <input type="radio"/> No	Starting wage: