

wildflowers

BOUTIQUE

3800 N Lamar Blvd #145
Austin, TX 78756
512.592.1356
WildflowersATX.com

Application for Employment

Equal Opportunity Employer

Please fill out this application and submit with a copy of your resume if available.

Contact Information

Today's Date: _____ Name: _____
Address: _____ City / State / Zip: _____
Phone: _____ Email: _____

Employment Desired

Are you over the age of 16? Yes / No Date you can start: _____ Salary desired: _____

Please select the number of hours you are looking for:

_____ Part time (15-25 hours per week)

_____ Part time (5-15 hours per week)

Are you currently employed? Yes / No If so, may we inquire of your present employer? Yes / No

Have you applied with us before? Yes / No If so, when and how did you apply? _____

How were you referred to us? _____

Hours of Availability

Please mark an "X" through the hours that you are NOT available. If you are available, leave space blank.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8 AM							
9 AM							
10 AM							
11 AM							
12 PM							
1 PM							
2 PM							
3 PM							
4 PM							
5 PM							
6 PM							
7 PM							
8 PM							

Employment History

Please list former employers below, beginning with the most recent:

Name and address of employer: _____

From (month & year): _____ To (month & year): _____

Position: _____ Salary: _____

Responsibilities: _____

Reason for leaving: _____

Name and address of employer: _____

From (month & year): _____ To (month & year): _____

Position: _____ Salary: _____

Responsibilities: _____

Reason for leaving: _____

Name and address of employer: _____

From (month & year): _____ To (month & year): _____

Position: _____ Salary: _____

Responsibilities: _____

Reason for leaving: _____

What do you imagine you would do on a typical day working at Wildflowers?

How would you describe your personal style?

What five wardrobe pieces would you have to pack if you were to spend a whole year travelling?

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 ground 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 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 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 Disabilities Act (ADA) and other relevant federal and state laws."

Applicant Signature: _____ **Date:** _____