



Edible Arrangements of Maple Grove  
 13712 Grove Drive  
 Maple Grove, MN 55311  
 Telephone: 763-420-3115  
 Fax: 763-420-8119  
[www.ediblearrangements.com](http://www.ediblearrangements.com)

## Application For Employment

*An Equal Opportunity Employer*

**Position Applied For** \_\_\_\_\_

### PERSONAL INFORMATION

Name:		Date:	
Address:	City:	State:	Zip:
E-mail Address:			
Home Phone Number: (     )     -		Mobile Phone Number:(     )     -	
Are you eligible to work in the U.S.?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you at least 18 years or older? (If no, you may be required to provide authorization to work.)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you work any shift? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date you can start:			
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Can you work overtime, including weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### REFERRAL SOURCE

How did you hear about Edible Arrangements?	
Have you ever worked for Edible Arrangements or any of its affiliates before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:	

### EDUCATION:

Highest Level Completed	Name and location of school	No. of yrs. Attended	Degree Received	Subjects studied/Major
High School				
College or University				
Trade, Business or Correspondence School				

**EMPLOYMENT HISTORY** Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time.

From	To	Employer Name	Telephone: ( ) -
Job Title		Address	
Immediate supervisor and title			
Summarize the nature of work performed and job responsibilities			
Reason for leaving			Hourly Rate/Salary
From	To	Employer Name	Telephone: ( ) -
Job Title		Address	
Immediate supervisor and title			
Summarize the nature of work performed and job responsibilities			
Reason for leaving			Hourly Rate/Salary
From	To	Employer Name	Telephone: ( ) -
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Job Title		Address	
Immediate supervisor and title			
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From	To	Employer Name	Telephone: ( ) -
Job Title		Address	
Immediate supervisor and title			
Summarize the nature of work performed and job responsibilities			
Reason for leaving			Hourly Rate/Salary

**RELEVANT SKILLS:**

<p>Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If Yes, please explain</p>	<p><input type="checkbox"/>Yes    <input type="checkbox"/>No</p>
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**COMPUTER SKILLS:**

	<b>Programs Used:</b>	<b>User Level (Beginner, Intermediate, Expert)</b>	<b>Years of experience</b>
Word Processing			
Spreadsheets			
Presentation			
Database			
EMail			
Other			

**REFERENCES** Give the names of three professional references, not related to you, whom you've known for at least three years.

<b>Name</b>	<b>Phone and Email Address</b>	<b>Company / Working Relation</b>	<b>Years Acquainted</b>
1			
2			
3			

**Please read carefully before signing.**

Tyssa Partners, Inc. is an equal opportunity employer, does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Tyssa Partners, Inc. to hire me. If I am hired, I understand that either Tyssa Partners, Inc. or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Tyssa Partners, Inc. has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Tyssa Partners, Inc. true and complete information on this application. No requested information has been concealed. I authorize Tyssa Partners, Inc. to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

***THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.***