

# Michigan Floral and Nurseryman Certification Work Experience Report

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

INSTRUCTIONS: List below at least 40 hours of work for Floral or Nurseryman Certification.

Dates of Employment				Length of Employment in months	Average hours worked per week	Title of Position	Name and Address of Employer	Describe Duties and the nature of the work
From		To						
Month	Year	Month	Year					

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Administration Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Employer Signature: \_\_\_\_\_

Date: \_\_\_\_\_