

APPLICATION FOR EMPLOYMENT

Please Print

Date of application:____/___/

, ,	Guest Relations Call Center Management	Spa Concierge Nail Technician Retail	Shampoo Assistant Aesthetician Inventory Control	Massage Therapist Make-Up Artist	Accounting Stylist
Name		FIRST		MIDDLE	
Address		CITY		STATE	ZIP
Home Phone	Cell		Email		
Have you ever been employed here before	?	No If yes, give dates	s and positions		
Are you legally eligible for employment in the	nis country? Ye	s No How die	d you hear about us?		
Date available for work//	W	hat is your desired s	alary range?		\$
Type of employment desired	-Time	Part-Time	On Call	Internship	
Do you have reliable transportation?	res 🗌 No				
Have you ever pled "guilty" or "no contest" t	o, or been convicted	d of a crime?	∕es □ No		
If yes please provide date(s) and details _					
ANSWERING "YES" TO THESE QUESTIONS DOES NOT THE VIOLATION, REHABILITATION AND POSITION AP				E OF THE OFFENSE, SERIOU	SNESS AND NATURE OF
•	I LIED I OIL WILL BE ITH	EN INTO GONOIDERO (NO	•		
Employment History					
Provide the following information of your past four FROM TO	(4) employers, assign EMPLOYER	ments or volunteer activ	vities, starting with the most i	ecent.	TELEPHONE #
					TEEE HONE #
STARTING JOB TITLE / FINAL JOB TITLE	ADDRESS				
IMMEDIATE SUPERVISOR AND TITLE	SUMMARIZE THE NA	TURE OF WORK PERFOR	MED AND JOB RESPONSIBILIT	TIES	
MAY WE CONTACT FOR REFERENCE?					
YES NO LATER	HOURLY RATE / SALA				
FROM TO	EMPLOYER	START \$	PER	FINAL \$PER	TELEPHONE #
	LIMIFLOTEIX				TELLI HONE #
STARTING JOB TITLE / FINAL JOB TITLE	ADDRESS				
IMMEDIATE SUPERVISOR AND TITLE	SUMMARIZE THE NA	TURE OF WORK PERFOR	MED AND JOB RESPONSIBILIT	TIES	
MAY WE CONTACT FOR REFERENCE?					
YES NO LATER REASON FOR LEAVING	HOURLY RATE / SALA				
FROM TO	EMPLOYER	START \$	PER	FINAL \$PER	TELEPHONE #
STARTING JOB TITLE / FINAL JOB TITLE	ADDRESS				
IMMEDIATE SUPERVISOR AND TITLE		TURE OF WORK PERFOR	MED AND JOB RESPONSIBILIT	IES	
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YES NO LATER	HOURLY RATE / SALA	PV			
		START \$	PER	FINAL \$PER	
FROM TO	EMPLOYER				TELEPHONE #
STARTING JOB TITLE / FINAL JOB TITLE	ADDRESS				
IMMEDIATE SUPERVISOR AND TITLE	SUMMARIZE THE NAT	URE OF WORK PERFOR	MED AND JOB RESPONSIBILIT	IES	
MAY WE CONTACT FOR REFERENCE?					
YES NO LATER REASON FOR LEAVING	HOURLY RATE / SALA	RY			
		START \$	PER	FINAL \$ PER	

Skills and Qualific	cations								
Summarize any training, s you are applying.	skills, licenses and/or certificates that	may qua	alify you as being a	able to p	oerform job re	lated functions i	n the pos	sition fo	r which
Educational Back	ground								
NAME A	AND LOCATION	NUMBER OF YEARS COMPLETED DID YOU GF			RADUATE? COURSE OF STUD			STUDY	
HIGH SCHOOL									
COLLEGE					MAJOR	DEGREE			
DTHER									
References									
Neierences								NUM	IBER OF
	NAME				TELEPHONE				RS KNOW
				()				
				()				
				()				
Availability									
DAILY AVAILABILITY	TIME FRAME AVAILABILITY TO WOR	K	TIME OFF REQUI	IRED WIT	THIN THE NEXT 4	MONTHS*			
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday			How many hou	urs a we	eek are you loo	king to work?			
* Please list any upcor	ming time off you will require during the nex	t 4 montl	ns that will vary from y	your dail	ly availability sta	ated. Only time list	ed above	will be g	uarantee
Applicant Statem	ent								
I certify that all information	n I have provided in order to apply for	and sec	ure work with the e	employe	er is true, com	plete and corre	ct.		
	rmation provided by me that is found to on of this application, or (2) immediate							nt cause	e to (1)
(personal and professional information provided by memployer, its agents, emp	nout reservation, the employer, its reprail), employers, public agencies, licens the in this application, resume or job in loyees or representatives, for seeking organizations for furnishing such informations.	ing auth nterview. , gather	orities and education I hereby waive any ng and using such	onal ins y and a	stitutions and t Ill rights and c	to otherwise ver laims I may hav	ify the ac e regardi	curacy ng the	of all
I understand that the empexcusing any applicant from	oloyer does not unlawfully discriminate om consideration for employment on a	in empl	oyment and no que	estion o	on this applica cal, state or fe	tion is used for deral law.	the purpo	ose of li	miting o
I understand that this app be considered for employ	lication remains current for only 30 da ment, it will be necessary to reapply a	ays. At th and fill ou	ne conclusion of that at a new application	at time, n.	if I have not h	neard from the e	mployer	and still	wish to
to terminate my employment constitute an agreement of the employer is authorized	I that I am free to resign at any time, went at any time, with or without cause or contract for employment for any sped to make any assurances to the contract they are in written and signed by the	and with ecified pe rary and	nout prior notice, ex eriod or definite du that no implied, or	xcept a ration. I	s may be required to the second to the secon	uired by law. This hat no superviso	s applica or or repr	tion doe esentat	es not ive of
	am hired, I will be required to provide me to complete an I-9 Form in this req		identity and legal	authori	ty to work in th	ne United States	s and tha	t federa	d
DO NOT SIGN UN	NTIL YOU HAVE READ THE	E ABC	VE APPLICA	NT S	STATEME	NT.			
I certify that I have read,	fully understand and accept all terms	of the f	oregoing Applicant	Staten	nent.				
Signature of Applicant						Di	ate	/	/