

Application for Employment

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable Accommodation to the application and/or interview process should notify a representative of the Human Resource Department. Serenity Day Spa & Salon is an EOE.

Position applied for			Date	
Name				
	Middle	Last		
Street Telephone #	City Email:		State	Zip
Date available for work:	What is your	desired salary rang	je?	
Type of employment desired: Full- If you are under 18, and it is required If no, please explain		Yes No _		ours per week)
Have you ever been employed here	before? Yes No			
If yes, give dates and positions				
Are you legally eligible for employm	ent in this country? Yes No			
Have you ever pled "guilty" or "no c	contest" to, or been convicted of a	a crime? Yes No)	
If yes, please provide date(s) and de Answering "yes" to these questions do seriousness and nature of the violation	es not constitute an automatic bar to			f the offense,
Driver's license number if driving is an	-			
Cosmetology or Massage license num Employment History Provide the following information of you EMPLOYER:	,		s starting with the	
Starting/final job title:		Address:		
Immediate supervisor, title, phone #	_	Reason for Leaving	g: 	
Job Responsibilities:	_		mission Rate (circle	,
EMPLOYER:		Start to End Date:	<u></u>	Final
· · · - · · ·			•	
Starting/final job title:		Address:		
Immediate supervisor, title, phone #		Reason for Leaving	g:	
Job Responsibilities:			mission Rate (circle	,
EMPLOYER:		Start to End Date:	 :	Final
Starting/final job title:		Address:		
Immediate supervisor, title, phone #		Reason for Leaving	g:	
Job Responsibilities:		Hourly Rate / Com	mission Rate (circle	applicable)
		Start_		Final



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Skills and Qualification	and/an analification that many	aali&a a.a b.	-!	bla ta naufawa i	ale valete d'écontinue in	
Summarize any training, skills, licenses, a the positions for which you are applying.	ind/or certificates that may	quality you as be	eing a	ble to perform j	ob-related functions in	
Educational Background (if job related						
Name and Location High School	Years Completed	Gradu	Graduation Year		Course of Study	
College		Major	Deg	ree		
Other						
References						
Name	Tele	Telephone		Number of Years Known Relationship (personal/professional)		
Applicant Statement I certify that all information I have provided in o	order to apply for and secure v	vork with the empl	oyer is	s true, complete, a	and correct.	
I understand that any information provided by further consideration of this application, or (ii)						
I expressly authorize, without reservation, the (personal and professional), employers, public information provided by me in this application, agents, employees or representatives, for see organizations for furnishing such information a this application is used for the purpose of limit state, or federal law.	agencies, licensing authoritie resume, or job interview. I he king, gathering, and using suc bout me. I understand that th	es and educational ereby waive any ar th information in th e employer does r	institu nd all ri e empl not unla	tions and to othe ights and claims loyment process awfully discrimina	rwise verify the accuracy of all I may have regarding the employ and all other persons, corporatio ate in employment and no question	
I understand that this application remains curre considered for employment, it will be necessar without cause and without prior notice, and the prior notice, except as may be required by law	y to reapply and fill out a new employer reserves the same	application. If I an	n hired	, I understand tha	at I am free to resign at any time,	
This application does not constitute an agreen representative of the employer is authorized to express language are valid unless they are in proof of identity and legal authority to work in t	make any assurances to the writing and signed by the emp	contrary and that bloyer's president.	no imp I also	lied, oral or writte understand that	en agreements contrary to the for if I am hired, I will be required to	
DO NOT SIGN UNTIL YOU HAVE READ THE I certify that I have read, fully understand, and			atemer	nt.		
Signature of Applicant			Date			
Serenity Day Spa & Salon is an EOE.						