

# EMPLOYMENT APPLICATION

(PLEASE PRINT) PAGE 1 OF 2

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Social Security No \_\_\_\_\_

email \_\_\_\_\_ Position applied for \_\_\_\_\_

Are you a citizen of the United States?       yes       no

If not, do you have work papers?       yes       no

Have you applied to this company before?       yes       no

Are you 18 years or older?       yes       no

## **Education (please indicate name and location of school)**

High School \_\_\_\_\_ Location \_\_\_\_\_

Did you graduate?       yes       no

Bus./Trade \_\_\_\_\_ Location \_\_\_\_\_

Did you graduate?       yes       no

Col./Univ. \_\_\_\_\_ Location \_\_\_\_\_

Did you graduate?       yes       no

## **Previous Employment**

(begin with most recent position)

Company \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Supervisor \_\_\_\_\_ Nature of Business \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Position(s) Held \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

MOST RECENT

***Application continues on next page***

# EMPLOYMENT APPLICATION

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PREVIOUS EMPLOYER

Company \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Supervisor \_\_\_\_\_ Nature of Business \_\_\_\_\_  
Dates of Employment \_\_\_\_\_ Position(s) Held \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

PREVIOUS EMPLOYER

Company \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Supervisor \_\_\_\_\_ Nature of Business \_\_\_\_\_  
Dates of Employment \_\_\_\_\_ Position(s) Held \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

## References

Please furnish the names and phone numbers of two people to whom you are not related, and at least one by whom you were employed with.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Company \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Company \_\_\_\_\_ Relationship \_\_\_\_\_

How did you hear about Salon? \_\_\_\_\_

Summarize your special skills or qualifications

I understand that follows an "employment at will" policy, in that the employer may terminate my employment at anytime, for any reason consistent with federal and state laws. I understand that this application is not a contract of employment. I understand that the federal government prohibits the employment of unauthorized aliens, and that all persons hired must provide satisfactory proof of employment authorization. I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, education, financial or medical history, and other related matter as may be necessary for an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application. In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

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

Date \_\_\_\_\_

### For Department Use Only (Action)

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