

Salon & Spa Institute

Employment Application

Employment is available equally to everyone. Please advise us if you require reasonable accommodations for an interview.

Application Data:

How were you referred to us: _____

Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Job Position you are applying for /Job Number #: _____

Phone: _____ Cell: _____

E-Mail: _____

Date available to start: _____

Salary requirements: _____

If you are under 18 and we require a work permit, can you furnish one? _____ Yes _____ No

If no, please explain: _____

Have you ever worked for this Institute? _____ Yes _____ No

Type of employment desired: ___ Full-Time ___ Part-Time ___ Temporary ___ season

Have you ever pled "guilty" or "no contest" to or been convicted of a crime? _____ Yes _____ No

If yes, give dates and details: _____

Answering yes to the question above does not constitute an automatic rejection to employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered

Driver's License Number: _____ State: _____

Education:

High School: _____

Address: _____

Number of Years Completed: _____ Did you graduate? _____ Yes _____ No

College/University: _____

Address: _____

Number of Years Completed: _____ Did you graduate? _____ Yes _____ No

Degree: _____

Major: _____ GPA: _____ Class Rank: _____

Professional School: _____

Address: _____

Number of Years Completed: Did you graduate: _____ Yes _____ No

Received Certification in: _____

References:

Please furnish the names, addresses and telephone numbers of two people to whom you are not related and by whom you have not been employed:

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Summarize Your Special Skills or Qualifications:

Last Employment: (begin with most recent position):

Dates of Employment: From ____/____/____ To ____/____/____

Position (s) Held: _____

Company: _____

Address: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____

Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for reference? ____ Yes ____ No

Previous Employment: (begin with most recent position):

Dates of Employment: From ____/____/____ To ____/____/____

Position (s) Held: _____

Firm: _____

Address: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____

Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for reference? _____ Yes _____ No

I certify that my answers are true and complete to the best of my knowledge. I authorize Salon & Spa Institute to make such investigations and inquiries of my personal, employment, educational, and other related matters 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: _____