

APPLICATION FOR EMPLOYMENT

Date _____

* PERSONAL INFORMATION

NAME (LAST NAME, FIRST)			PHONE #	
CURRENT ADDRESS	APT.#	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	APT.#	CITY	STATE	ZIP CODE
ARE YOU 18 YEARS OR OLDER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF HIRED, CAN YOU PROVIDE PROOF OF CITIZENSHIP OR LEGAL RIGHT TO WORK?	<input type="checkbox"/> YES <input type="checkbox"/> NO

* DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?
NAME OF LAST SUPERVISOR AT CURRENT (PREVIOUS) EMPLOYER		
HOW WERE YOU REFERRED TO PLATINUM SALON AND SPA? (Phone book, newspaper, radio, friend, walk-in, etc.)		

* EDUCATION

School Level	Name and Location of School	No. of Years Attended	Did You Graduate?	Subject Studied
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

* GENERAL

SUBJECT OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL TRAINING

SPECIAL SKILLS

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? YES NO IF YES, EXPLAIN (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)



IF YOU NEED ADDITIONAL SPACE, ATTACH A SUPPLEMENTAL SHEET WITH THIS APPLICATION



EMPLOYMENT RECORD

List most recent employment first

1 EMPLOYER			LAST SUPERVISOR'S NAME		POSITION DESCRIPTION
START DATE	END DATE	FINAL POSITION TITLE	FINAL SALARY	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
STREET ADDRESS, CITY, STATE, ZIP CODE				PHONE #	
REASON FOR LEAVING?					

2 EMPLOYER			LAST SUPERVISOR'S NAME		POSITION DESCRIPTION
START DATE	END DATE	FINAL POSITION TITLE	FINAL SALARY	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
STREET ADDRESS, CITY, STATE, ZIP CODE				PHONE #	
REASON FOR LEAVING?					

3 EMPLOYER			LAST SUPERVISOR'S NAME		POSITION DESCRIPTION
START DATE	END DATE	FINAL POSITION TITLE	FINAL SALARY	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
STREET ADDRESS, CITY, STATE, ZIP CODE				PHONE #	
REASON FOR LEAVING?					



REFERENCES

List three persons, other than relatives or personal friends, who have knowledge of your work experience and/or education

NAME	PHONE #	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			



AUTHORIZATION

Application must be signed prior to submitting

"I certify that the facts contained in this application and on my resume are true and complete to the best of my knowledge and understand that misrepresentation or omission of facts called for in this application, or on any resume provided by me, is cause for termination of employment without notice.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have. Personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time. Or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

Date

Signature