

SPA MORITZ

Application for Employment

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for _____ Today's Date _____
 Are you seeking: Full-time Part-time Temporary position? When could you start work? _____
 What hours/shifts are you accustomed to working? _____
 Were Saturdays considered a normal work day in your career? Yes No Explain if needed. _____
 What days you cannot work? (circle) Mon Tues Weds Thur Fri Sat Sun
 Are you agreeable to a split shift of some evenings or some Sundays? Explain _____

 Last Name First Name Middle Name Telephone Number

 Present Street Address City State Zip Code

Are you 18 years of age or older? Yes / No _____
(If you are hired you may be required to submit proof of age)
 Social Security Number _____ If hired, can you furnish proof you are eligible to work in the U.S.? Yes / No _____

Have you ever applied here before?..... Yes / No _____ If yes, when? _____
 Were you ever employed here? Yes / No _____ If yes, when? _____
 Are you related in any way to a Spa or Salon employee in the area? Yes / No _____ If yes, explain _____
 Have you ever been convicted of any law violation?Yes / No _____
 If yes, give details _____
(A "Yes" answer does not automatically disqualify you from employment; consideration will be given to the nature of the crime, its seriousness, the date and the job for which you are applying)
 Are you now or do you expect to be engaged in any other business or employment?Yes / No _____
 If yes, please explain _____
 Have you in the past or are you currently seeing clients professionally in your home or theirs? Yes / No _____
 If yes, please explain _____
 Do you currently have any barter arrangements for professional services? Yes / No _____
 If yes, please explain type and duration _____
 Have you had your driver's license suspended or revoked in the last 3 years?Yes / No _____
 If yes, give details: _____
 List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.) _____

	Number of Years Completed	Diploma Degree Certificate	GPA	GPA In Major
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LIST NAME AND ADDRESS OF SCHOOLS

High School or GED: _____ College or University: _____
 Vocational or Technical: _____
 What skills or additional training do you have that are related to the job for which you are applying? _____

What machines or equipment can you operate that are related to the job for which you are applying? _____

 Have you worked under any other names? Yes / No _____ If Yes, give names: _____
 Are you presently employed? Yes / No _____ If Yes, may we contact your present employer? Yes / No _____
 Have you ever been fired from a job or asked to resign? Yes / No _____ Explain: _____

From a percentage of time standpoint, how would you describe your normal work day or responsibilities.? Ex 50% pedicure 30% nails 20% other. Or 50% Hair 50% facials?

 Is there anything else you think we should know before final evaluation of your application?

List names of employers in consecutive order with present or last contract/ employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. **PLEASE GIVE MONTH AND YEAR**
If you have resume you may exclude Employer side but PLEASE complete right side under Job Title duties, Pay & reason for leaving.

Name of Employer _____		Job Title and Duties Supervisor _____
Address _____		
City, State, Zip Code _____		
Dates of Employment _____	Telephone Number _____	Starting Pay or Comm _____ Ending Pay or Comm _____
Reason for Leaving		
Name of Employer _____		Job Title and Duties Supervisor _____
Address _____		
City, State, Zip Code _____		
Dates of Employment _____	Telephone Number _____	Starting Pay or Comm _____ Ending Pay or Comm _____
Reason for Leaving		
Name of Employer _____		Job Title and Duties Supervisor _____
Address _____		
City, State, Zip Code _____		
Dates of Employment _____	Telephone Number _____	Starting Pay or Comm _____ Ending Pay or Comm _____
Reason for Leaving		
Name of Employer _____		Job Title and Duties Supervisor _____
Address _____		
City, State, Zip Code _____		
Dates of Employment _____	Telephone Number _____	Starting Pay or Comm _____ Ending Pay or Comm _____
Reason for Leaving		

Please provide three professional references, not relatives.

Name	Address	Phone	How do they know you?
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

How would associates describe your personality? _____

What would your last supervisor say about you're (A). Performance and (B). People Skills ? (Scale 1-10 & why) Use back of application if needed.

What would they say you should improve on in both of above areas?

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING

I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information is grounds for dismissal in accordance with Company policy. I authorize the references 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 all parties from all liability for any damage that may result from furnishing same to you. In consideration of my employment, I agree to conform to the rules and regulations of the Company and my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that no person or other representative of the Company has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. In some states, the law requires that the Company have my written permission before obtaining consumer reports or police records on me, and I hereby authorize the Company to obtain such records.

Applicants Signature: _____

Date: _____