

Ann's Nail Spa

Employment Application

All applications will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, national origin, age, disability, or veteran status. Your application will be considered active for the next 30 days. Please re-apply to be considered for a job afterward. According to federal law, if you are hired, you must bring with you the appropriate original document(s) verifying your identity and showing eligibility for employment.

Personal Information

Date _____ Social Security _____

Name _____

First Middle Last
Present Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Phone Number _____ Second Contact # _____

Position Applying for _____

Are you older than 18? Yes ___ No ___ Birth Date(MM-DD-YY) _____

Are you legally able to work in the U.S.? Yes _____ No _____

Have you ever been convicted of felonies or misdemeanors? Yes _____ No _____

If Yes, explain each occurrence and give dates (Convictions will not necessarily disqualify you from the job for which you have applied) _____

Person to be notified in case of Emergency _____

Relationship _____ Contact Number _____

Address _____
Street City State Zip Code

Availability

Please check your availability base on the hours marked below. Your schedule will be arranged with you. Management will try to accommodate all employees base only on their availability. Shifts will vary and may not be set only on these hours. These are only sample shifts to show employees morning shifts from evening shifts for availability interest.

Total Hours available per week _____ Full Time? _____ Part Time? _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9:30am-3pm							
2:30pm-7:30pm							

Manager's notes

How far do you live from Salon? _____

Do you have transportation? _____

Are you comfortable in wearing Salon uniform, do you think you could comply with uniform? Yes ___ No ___

Have you ever been Supervisor? Yes ___ No ___ Manager? Yes ___ No ___

Where? _____ How Long? _____

Explain Duties _____

Manager's notes _____

School Most Recently Attended

Name _____

Address _____

Street City State Zip
Last Grade Completed _____ GPA _____

Graduated? Yes ___ No ___ Now Enrolled? Yes ___ No ___

Reference

Name _____ Relationship _____

Yrs. Known _____ Contact Number _____ May we contact? Yes ___ No ___

Address _____

Street City State Zip Code

Name _____ Relationship _____

Yrs. Known _____ Contact Number _____ May we contact? Yes ___ No ___

Address _____

Street City State Zip Code

Employment History

Please list your present or last employer first. Include all relevant experience including part-time, full time, and/or volunteer at will. If you need additional space, please use a separate sheet.

Employer's Name _____ Phone Number _____

Address _____

Street City State Zip Code

Dates of Employment, From: _____ to _____

Position Held _____ Salary _____

Supervisor's Name _____ May we contact? Yes ___ No ___

Describe Duties _____

Reason for leaving _____

Employer's Name _____ Phone Number _____

Address _____

Street City State Zip Code

Dates of Employment, From: _____ to _____

Position Held _____ Salary _____

Supervisor's Name _____ May we contact? Yes ___ No ___

Describe Duties _____

Reason for leaving _____

Employer's Name _____ Phone Number _____

Address _____

Street City State Zip Code

Dates of Employment, From: _____ to _____

Position Held _____ Salary _____

Supervisor's Name _____ May we contact? Yes ___ No ___

Describe Duties _____

Reason for leaving _____

Please Read and Sign Below

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the Salon Management unless I have indicated to the contrary. I authorize the references listed above to provide the company with any information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to this Salon as well as from the use or disclosure of such information by the Salon or any of their agents, Managers, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result on a failure to receive an offer or, if I am hired, in my dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the Salon and agree that my employment and compensation can be terminated at will, with or without notice, at any time, either at my option or at the option of Natalie Salon.

Full Name (Print Legibly) _____

Signature _____ Date _____