

# Heath Salon & Spa Application For Employment

Programs, services and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

Date of Interview (Month/Day/Year):

## Application Data

Position Applied for:

How were you referred to us?:

Full Name:

Address: City: State: Zip:

Phone: Other phone: Email:

Date Available to Start: Social Security Number: Salary Requirements:

If you are under 18 years of age, can you provide a work Yes No

If no, please explain:

Have you ever worked for Heath Salon & Spa? Yes No If yes, when?

Are you legally allowed to work in the United States? Yes No

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

Have you ever plead guilty, no contest or been convicted of a crime?

If yes, give dates and details:

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

Driver's License number (if applicable to position):

## Education History

Name & Location of High School: Did you graduate?

Name & Location of College: Years attended:

Degrees completed: Other Subjects Studied:

Trade, Business or Correspondence School: Years attended:

Subjects Studied: Did you graduate?

## Summarize Your Special Skills or Qualifications

# EMPLOYMENT HISTORY

Starting with your PRESENT or MOST RECENT EMPLOYER list in consecutive order ALL EMPLOYMENT for at least the past three employers. If currently employed, may we contact your employer?      Yes      No

Present or most recent employer: \_\_\_\_\_

SALARY BEGIN END	EMPLOYED	
	FROM MO/YR	TO MO/YR

Phone number: \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name & title of supervisor: \_\_\_\_\_ Title of position held: \_\_\_\_\_

List jobs held, duties performed, skills used and promotions while employed with this company:  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Recent employer: \_\_\_\_\_

SALARY BEGIN END	EMPLOYED	
	FROM MO/YR	TO MO/YR

Phone number: \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name & title of supervisor: \_\_\_\_\_ Title of position held: \_\_\_\_\_

List jobs held, duties performed, skills used and promotions while employed with this company:  
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 \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Recent employer: \_\_\_\_\_

SALARY BEGIN END	EMPLOYED	
	FROM MO/YR	TO MO/YR

Phone number: \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name & title of supervisor: \_\_\_\_\_ Title of position held: \_\_\_\_\_

List jobs held, duties performed, skills used and promotions while employed with this company:  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

# Heath Salon & Spa

## References

Name	Company	Phone #	Relationship	Years known
1)				
2)				
3)				

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. 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 forgoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

## For office use only

Interview Notes:	Resume received?	Yes	No
_____			
_____			
_____			
_____			
_____			
_____			
_____			

Signature of interviewer: \_\_\_\_\_

Date: \_\_\_\_\_