



Employment Application

Position Desired _____

Application Date _____

Personal Information

Name: _____

Phone: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Social Security Number: _____

Presently employed: Yes No

Pay Desired: _____

Location Desired (please circle):

Salon Visage Spa Visage

Date Available: _____

Have you applied here before?

Yes

No

If yes, position and date of application: _____

Can you submit verification of your identity and legal right to work in the United States?

Yes

No

Employment Type Desired:

Full time

Part time

Temporary

Internship

Seasonal (summer/holidays)

Are you 18 years of age or older?

Yes

No

If under age 18, do you have a work permit?

Yes

No

What prompted you to apply at Salon Visage/Spa Visage?

Advertisement

Referral: _____

Agency

Other: _____

Have you ever been

convicted of a felony? (Do not include convictions that have been sealed, expunged or statutorily eradicated.)

Yes

No

Qualifications

Certified Position: Licensures/Certifications: _____

State License Number: (include State) _____

Other _____

Qualifications and Special Skills: _____

Education and Training

High School _____

City _____ State _____

Did you graduate? Yes No Not Yet

Date _____

College _____

City _____ State _____

Did you graduate? Yes No Not Yet

Date _____

Industry Academy/ Beauty School _____

City _____ State _____

Did you graduate? Yes No Not Yet

Date _____

Other Training, Education and Honors: _____

Employment History

Please list present or most recent employment first.

Employer	Date Hired	Date Departed	Supervisor Name	Position
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Phone:	Salary:	Duties:
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Reason for Leaving:

May we contact your present employer?

Yes

No

Employer	Date Hired	Date Departed	Supervisor Name	Position
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Phone:	Salary:	Duties:
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Reason for Leaving:

Employer	Date Hired	Date Departed	Supervisor Name	Position
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Phone:	Salary:	Duties:
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Reason for Leaving:

References

Please provide contact information for three individuals **not** related to you.

Name	Phone	Relationship to you	Years Known
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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 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."

Applicant Signature: _____ Date: _____

Salon Visage and Spa Visage are equal opportunity employers.

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age. This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination.