

## **Employment Application Form**

Our policy is to provide equal employment opportunity to all qualified individuals without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Last Name:	First Name:	Middle:				
Email:						
Street Addr	ess:	Apt/Unit#				
City:	State:	ZIP:				
Telephone:	D.O.B.					
Position app	lied for:					
How did yo	u hear of this opening?					
Date available to work: Weekly Income Desired:						
Are you loo	king for full-time employment? Yes	No				
If no, how r	nany hours per week:					
Are you wil	ling to work weekend and overtime? Y	Ves No				
Have you ev	ver work for Nails & Co. before? Yes	No				
If yes, when	and where?					
Are you a U	S. citizen? Yes No					
If no, are you authorized to work in the U.S.? (You may be required to provide documentation.)						
Yes	No					
Have you e	ver served in the armed forces? Yes	No				
Have you ever been convicted of a felony? (This will not necessarily affect your application.)						
Yes	No					
If yes, pleas	e describe conditions:					

## **EDUCATION:**

Name o	of school:						
Addres	s:						
Year F	rom:	Year To:					
Did Yo	ou Graduate? Yes	No					
College	e:						
Addres	s:						
Year F	rom:	Year To:	Major or Degree:				
Cosme	tology School:						
License	e Type:						
Nails/E	Esthetics: Ho	ours Completed:	_				
Massag	ge Therapy:	Hours Completed:					
	TIONS:						
•	What do you bring to our company that will make us better?						
•	What did you like about your last job?						
•	What is the best customer experience you have ever had?						
•	Why should we hire you?						
		Y (Start with most recent e	mployer)				

Address:		Telephone:	Telephone:	
Date Started:	_ Starting Wage:	_Starting Position:		
Date Ended:	Ending Wage:		Ending Position:	
Name of Supervisor:				

May we contact? Yes	No		
Responsibilities:			
Company Name:			
Address:			Telephone:
Date Started:	_Date Ended:	Starting Wage:	Ending Wage:
Starting Position:		Ending Position:	
Name of Supervisor:			
May we contact? Yes	No		
Responsibilities:			
Reason for leaving:			

## **APPLICANT'S ACKNOWLEDGEMENT**

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. Nails & Co. is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at Nails & Co. is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the President/CEO, has any authority to alter the foregoing.

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