

Kalla Lily Salon and Spa Application for Employment

INSTRUCTIONS:

If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form an every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please provide complete and accurate information on both sides of this form.
2. Print clearly, incomplete or illegible applications will not be processed.
3. Please sign and date the application.

TODAY'S DATE: _____

HOW DID YOU HEAR ABOUT US:

(Please Circle One)

Walk – In

Drive-by

Newspaper If yes, which one

Other _____

First Name: _____ **MI:** _____ **Last Name:** _____

Current Address: _____
Street City State Zip

Prior Address: _____
Street City State Zip

Phone Number: _____
Home Work Cell

E-Mail Address: _____

Application Note: This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, termination of employment. All qualified applicants will receive consideration without discrimination due to sex, marital status, race, color, age, creed, religion, national origin, disability, sexual orientation, status with regards to bar an applicant from employment. Additional testing of job related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit a medical review. Depending on company policy and the needs of the job, you may also be required to complete a medical history form and be examined by a medical professional designated by the company.

Why do you want to work at Kalla Lily Salon and Spa?

AVAILABILITY

For which position are you applying? _____

On what date can you start? _____

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

(Proof of eligibility will be required upon hire)

Please list the time and days you are available to work.

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____

BACKGROUND HISTORY

Have you ever been convicted of a felony or misdemeanor (excluding juvenile and minor traffic offenses)?
If so, please describe below. (In accordance with company policy, this information will be reviewed for job relatedness and time since the last conviction. It will not necessarily affect your eligibility to be hired.)

| Incident | City/State | Charge |
|-----------------|-------------------|---------------|
| 1. | | |
| 2. | | |

EDUCATION

| Name | City/State | Graduate? |
|--------------------|-------------------|------------------|
| High School | | |
| College | | |
| Other | | |

EMPLOYMENT

** Please List employers form most recent first.

| | | | |
|--|--------------------------|-----------------------------|-----------------------|
| Are you currently employed by this employer? | Yes | or | No |
| If yes, may we contact your current employer? | Yes | or | No |
| Company Name | City/State | Phone # | |
| _____ | | | |
| Job Title: | _____ | Dates Employed From: | _____ to _____ |
| Duties: | _____ | | |
| _____ | | | |
| Reasons for Leaving: | _____ | | |
| _____ | | | |
| Pay Hourly/Annually: | Supervisors Name: | | |

| | | |
|---|-------------------|----------------|
| Company Name | City/State | Phone # |
| <hr/> | | |
| Job Title: _____ Dates Employed From: _____ to _____ | | |
| Duties: _____ _____ | | |
| Reasons for Leaving: _____ _____ | | |
| Pay Hourly/Annually: _____ Supervisors Name: _____ | | |

REFERENCES

** Include only individuals whom are familiar with your work ability. Do not include relatives.

| Name | Address/Phone | Years Known |
|-------------|----------------------|--------------------|
| 1. | | |
| 2. | | |
| 3. | | |

I certify that I have read and understand the applicant note on page one of this form and that the answers I have given to the foregoing questions and the statements are complete and true to the best of my knowledge and belief. I understand that false information, omission, or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I also understand that the use of illegal drugs is prohibited during my employment. If company policy requires, I am willing to submit a drug test to detect the use of illegal drugs prior to and during employment. I agree that if I am employed, my employment shall not be construed as being for any definite period of time, but for and indefinite period, terminable at will by the company.

Signing certifies and authorizes the company and/or its agent, including consumer reporting bureaus, to verify any of this information including, but not limited to, former employers, educational history, references, criminal history and motor vehicle driving records. I release these organizations and individuals from any liability or damages or issuing this information.

Applicant Name (Please Print) _____
First
Last

Signature: _____ Date: _____
(month/day/year)