

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

Please print legibly in ink. You must complete the entire application.

Date:

APPLICANT INFORMATION

| | |
|--|-----------------------------|
| Name (first, middle, last) | Daytime Telephone |
| Address (street, city, state, zip code) | Cell Phone |
| Please list any other names under which you have worked or attended school. | |
| Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work applying for and have obtained a valid work permit. | Date of birth (if under 18) |
| Email address | |
| Have you ever been convicted or have charges pending of a crime (felony or misdemeanor)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain 1) nature of the crime 2) date of conviction, and 3) state in which convicted. Convictions are not an automatic bar to employment. However, failure to provide complete and accurate information relating to criminal convictions will result in immediate termination. We conduct criminal record checks on all employees. Employment is contingent upon the results of the criminal record check. If you are unsure how to complete this information, please contact the hiring manager. | |

EMPLOYMENT DESIRED

| | | |
|---|--------------------|----------------|
| Position | Date you can start | Salary desired |
| Certifications: (Proof of certification may be required prior to employment.) | | |
| Date Received | Expiration Date | |
| Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Ever applied to El Haij Salon & Spa before? <input type="checkbox"/> Yes <input type="checkbox"/> No When? | | |
| Briefly describe what makes you feel qualified to fill the desired position. | | |

CONTINUED ON OTHER SIDE

EDUCATION HISTORY

| Type of School | Name and Address | Years attended | Graduated | Degree |
|------------------|------------------|----------------|-----------|--------|
| High School | | | | |
| College | | | | |
| Technical School | | | | |
| Other | | | | |

EMPLOYMENT HISTORY

| From/To | Name & Address of Employer | Salary | Position | Reason for Leaving |
|---------|----------------------------|--------|----------|--------------------|
| | | | | |
| | | | | |
| | | | | |

EMPLOYMENT REFERENCES

List three persons familiar with your job qualifications, not related to you, whom you have known at least one year.

| Name | Address | Business | Relationship | Years Known |
|------|---------|----------|--------------|-------------|
| | | | | |
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| | | | | |

AUTHORIZATION

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 foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Signed by Applicant _____ Date _____

DO NOT WRITE BELOW THIS LINE

Remarks _____

Hired _____ Position _____ Approved by _____