



Application for Employment

PLEASE PRINT ALL INFORMATION REQUESTED	Today's Date: ____/____/____	
Name _____		
Last	First	Middle
Maiden		
Present address _____		
Number	Street	City State Zip
Telephone () _____	Social Security No. _____ - _____ - _____	
If under 18, please list age _____		
Position applied for (1) _____ and salary desired (2) _____	Days/hours available to work No Pref _____ Thur _____ Mon _____ Fri _____ Tue _____ Sat _____ Wed _____ Sun _____	
How many hours can you work weekly? _____ Can you work nights? _____		
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME		
When available for work? _____		
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION
High School		
College		
Trade School		
Other Training?		
NUMBER OF YEARS COMPLETED		
MAJOR & DEGREE		
HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____		
Please list two references other than relatives or previous employers.		
Name _____	Name _____	
Position _____	Position _____	
Company _____	Company _____	
Address _____	Address _____	
Telephone () _____	Telephone () _____	

	MILITARY		
HAVE YOU EVER BEEN IN THE ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No			
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Specialty _____ Date Entered _____ Discharge Date _____			
WORK EXPERIENCE Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.			
Name of employer	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From To	Start Final
		Your last job title	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Name of employer	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From To	Start Final
		Your Last Job Title	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Name of employer	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From To	Start Final
		Your last job title	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Name of employer	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From To	Start Final
		Your last job title	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by **Larimar Salon Spa** (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of **Larimar Salon Spa**, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and **Larimar Salon Spa** may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I understand that, in connection with the routine processing of your employment application, the Company may, at its option, request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ Date: _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.