

By Debbie, Inc. Application for Employment

Spa in The Valley, Spa on The Avenue and Spa on The Boulevard

Please fill out form completely for employment consideration.

Prospective employees will receive consideration without regard to race, creed, color, religion, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. We are an equal opportunity employer.

Date of Application: _____

Last Name	First	Middle	
Street Address			
City, State, Zip			
Home Phone	Cell Phone	Email Address	
Position(s) Applied For			
How did you learn about our organization?			
Have you ever filed an application with us?	Yes	No	If yes – Month and Year _____ Location _____
Have you ever been employed with us?	Yes	No	If yes – Month and Year _____ Location _____

Are you over 18 years of age? Yes No If not, employment is subject to verification of minimum legal age.

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status?

Yes No (Proof of citizenship or immigration status will be required upon employment.)

On what date would you be able to work?

Are you able to work – Full Time _____ Part Time _____

Have you been convicted of a felony within the last 7 years? Yes No

(Conviction will not necessary disqualify an applicant from employment.)

If yes, please explain:

Are there any reasons for which you might not be able to perform the job duties (with reasonable accommodation)? Yes No

If yes, please explain:

Education

	Name of School	Years Completed	Diploma/Degree
High School			
College			
Trade School			
Other			

Employment History

Please give accurate, complete information. Start with present or most recent employer.

Company Name	Telephone
Address	From To
Name of Supervisor	Hourly Rate or Commission Start Last
Job Title	Reason for Leaving

Company Name	Telephone
Address	From To
Name of Supervisor	Hourly Rate or Commission Start Last
Job Title	Reason for Leaving

Company Name	Telephone
Address	From To
Name of Supervisor	Hourly Rate or Commission Start Last
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Availability

Please list all the hours you are able to work

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

Industry Information

1. How many years have you been in the Beauty Industry?

2. Please explain your background in this Industry.

3. What can our Spas offer you that you are not receiving now?

4. What is most important to you in your next position? What are your expectations?

5. Explain three goals you see for your immediate future in the position you are applying.

1. _____
2. _____
3. _____

6. How do you plan to reach your goals?

7. Where do you see yourself in five years?

Applicants Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I fully understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

For Personnel Department Only

Arrange Interview Yes No

Remarks _____

Employed Yes No

Date of Employment _____

Job Title _____

Hire By _____ Title _____ Date _____

Notes
