



Employment Application

(PLEASE PRINT IN INK)

PERSONAL Information

Position(s) Applied For		Date of Application	
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number	Alternate Number	Social Security Number	
Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Proof of eligibility will be required upon offer of employment)</i>		Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How Did You Hear About Us? <input type="checkbox"/> School <input type="checkbox"/> Sign (drive by) <input type="checkbox"/> Client _____			
<input type="checkbox"/> Current Employee _____ <input type="checkbox"/> Other _____			
Are you a licensed cosmetologist/barber?	State	License number	
What salary/rate of pay do you expect to receive if you are employed?		What date are you available to start?	

EDUCATION History

Name & Location	Years Attended	Subjects Studied	Graduated?
High School			
College/Trade			
College/Trade			

Please list any academic honors, scholarships, offices held and special skills we should know about.

EMPLOYMENT History *(Please begin with your most recent employer. Do not exclude any employment. Attach another sheet if necessary.)*

If currently employed, may we contact your present employer? Yes No

Most Recent

Company Name	Employment Dates From To	Rate of Pay Start End
Address	Phone	Supervisors Name & Title
Position and Responsibilities		
Reason for leaving and explanation		

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Position and Responsibilities		
Reason for leaving and explanation		

Please provide any other information that you feel will help us in considering your application for employment.

REFERENCES (Please list three persons, who are not related to you or previous supervisors, who can provide professional references.) That you have known at least 1 year.

Name	Address	Phone	Relationship/ Occupation	Years Known

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

Note: Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain _____

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Natural Alternatives Salon, that such employment with Natural Alternatives Salon is at will, for no specified duration and may be terminated by either Natural Alternatives Salon or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Natural Alternatives Salon or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of Natural Alternatives Salon except the owners has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the owner of Natural Alternatives Salon.

I hereby authorize Natural Alternatives Salon to contact any and all former employers, personal references, and private or public agencies named in this application to obtain any job related information they may have regarding my employment and/or character. I hereby release all parties and persons connected with any such request for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date