

APPLICATION FOR EMPLOYMENT

| PERSONAL | | DATE | | |
|--|---------------------------|--|--|--|
| Name | | | | |
| Present Address | | | | |
| City | St | Zip Code | | |
| How many years have ye | ou lived at this addre | ess? | | |
| Telephone () | | . | | |
| Job (s) applied for | | | | |
| Rate of pay expected \$_ | | per | | |
| How did you hear of the | is opening? | | | |
| Do you want to work fu | ll time pa | art time specify days and hours | | |
| if part time | | | | |
| List any friends or relative | ves working for us _ | | | |
| If hired on what date wo | ould you be able to s | tart work? | | |
| Are there any other qual | lifications, skills, or e | experiences you have had that would be | | |
| helpful at Southwest Ha | ir & Day Spa | | | |
| Designation of the Control of the Co | | , · · | | |
| If hired do you have a re | eliable means of tran | nsportation to get to work? | | |
| Do you have any physica | al handicaps which v | would prevent you from performing specific | | |
| kinds of work? | | | | |
| If yes describe | | | | |
| Have you had any seriou | us illness in the past | 5 yrs.? | | |
| If yes describe | | | | |
| Have you ever received | any compensation for | or injuries? | | |

| If yes explain | | | | | |
|---|------------|-------|---|---|--|
| Have you ever been convicted of a crime, excluding misde | meanors | | | - | |
| If yes describe | | | | | |
| VOCATIONAL BACKGROUND | | | | | |
| High school | graduated | | | | |
| College | _graduated | | | | |
| Trade/other | _graduated | | | | |
| PERSONAL REFERENCES | | | | | |
| Name-occupation | | | | | |
| Address | | | | | |
| Phone number | | | | | |
| Name-occupation | | | | | |
| Address | | | | | |
| Phone number | | | | | |
| Prior Work History (list in order, last or present employer | first) | | | | |
| Dates (from and to), Name and Address of Employer, Ra and finish), Supervisors Name and Title, Reasons for leave | | | | | |
| | | , ?,- | | | |
| | | 4 | - | | |
| Describe in detail the work you did. | T | | | | |
| | | | | | |
| Dates (from and to), Name and Address of Employer, Ra and finish), Supervisors Name and Title, Reasons for leave | | | | | |
| | K. | | | | |
| Describe in detail the work you did. | | | | | |

Please print this form and either drop off at the spa or mail to: Southwest Hair & Day Spa

Southwest Hair & Day Spa Attn: Shirley Williams 6610 West Jefferson Blvd. Fort Wayne, IN 46804

| Dates (from and to), Name and Address of Employer, Rate of Pay (start and finish), Supervisors Name and Title, Reasons for Leaving |
|--|
| Describe on detail the work you did. |
| May we contact the employers you have listed above? |
| Occasionally the form of an application blank makes it difficult for an individual to adequately summarize his/her complete background. To assist us in finding the proper position for you in our company, use the space below to summarize any additional information necessary to describe your full qualifications. |
| |
| Thank you for completing this application and for your interest in employment with us. We would like to assure you that your opportunity for employment with this company will be based on your merit and on no other considerations. |
| PLEASE READ CAREFULLY- APPLICANT'S CERTIFICATION AND AGREEMENT |
| I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history, financial and/or credit record through any investigative or credit agencies/bureaus of your choice. |
| Signature of Applicant |