



Skin Deep Employment Application

Date of Application _____

Contact Information

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone: _____ Mobile: _____

Personal Information

Professional License Number _____ Date of Issue _____

Are you able to perform the specific functions of the job _____ YES _____ NO

Have you ever previously been employed by Skin Deep _____ YES _____ NO

Are you over the age of 18 _____ YES _____ NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status (Proof of citizenship or immigration status may be required upon employment) _____ YES _____ NO

Have you been convicted of a felony within the last 7 years (Conviction will not necessarily disqualify applicant from employment) _____ YES _____ NO

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation, or the presence of non-job-related medical condition or handicap.

Training and Employment History

Name and address of Cosmetology/Massage School _____

Dates Attended _____

When was the last class you attended _____

What class was it _____



Other training _____

Are you currently employed _____ If yes, where _____

May we contact your present employer _____

Present employer's contact information _____

Please provide all employment information for your past four employers starting with the most recent.

1. Employer _____ Position Held _____
Address _____ Telephone _____
Immediate Supervisor & Title _____
Dates employed-From _____ To _____ Salary _____
Job Summary _____
Reason for leaving _____

2. Employer _____ Position Held _____
Address _____ Telephone _____
Immediate Supervisor & Title _____
Dates employed-From _____ To _____ Salary _____
Job Summary _____
Reason for leaving _____

3. Employer _____ Position Held _____
Address _____ Telephone _____
Immediate Supervisor & Title _____
Dates employed-From _____ To _____ Salary _____
Job Summary _____
Reason for leaving _____

Other Skills & Qualifications

Summarize any job-related training, skills, licenses, certifications and/or other qualifications



Education History

List School name and location, years completed, course of study and any degrees earned

High School _____

College _____

Technical Training _____

Other _____

References

List 3 reference names, telephone numbers and years known (do not include relatives or employers)

1. Name _____ Phone _____

How many years known _____

2. Name _____ Phone _____

How many years known _____

3. Name _____ Phone _____

How many years known _____

Additional Questions

Why do you want to work at Skin Deep Clinical Skin Care & Day Spa?

Name three strengths that you would bring to Skin Deep Clinical Skin Care & Day Spa.

Name three areas that you would like to improve upon (may be unrelated to the craft).

What kind of work environment do you thrive in?



I certify that the information provided on this application is true and accurate to the best of my knowledge.

Applicant Signature

Date

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation, or the presence of non-job-related medical condition or handicap.

Work Availability

1. If your application receives favorable consideration, when will you be available to begin work?

- | | | |
|---|------------------------------|-----------------------------|
| 2. Do you have any objection to working overtime? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Can you work overtime without prior notice? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Can you work on Saturday? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Can you travel if required by this position? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Our Business Hours: Monday-Thursday 10am-7pm, Saturday 9am-5pm, Sunday 12-4
(Please specify below if you have any obligations throughout the week)



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

Do you currently have any pre-planned vacations or days in which you are unable to work?

Salary/Hourly Rate Requirements

If your application receives favorable consideration, what salary/ hourly rate would you require?

FOR OFFICE USE ONLY



Interview Date: _____

Working Interview Date: _____

Resume Received: Y N

References Verified: Y N

Additional Notes/Comments:

Interviewer: _____ Date: _____

Interviewer: _____ Date: _____