

HYPNOTIC SALON & SPA PRE-EMPLOYMENT APPLICATION

Interview 1: Date _____ Time _____ Interview 2: Date _____ Time _____

NAME-LAST	FIRST	INITIAL	TELEPHONE NUMBER ()
ADDRESS			SOCIAL SECURITY NUMBER
CITY		STATE	ZIP CODE
POSITION(S) DESIRED: (Specialty desired)			
1.		2.	

HOURS AVAILABLE TO WORK <input type="checkbox"/> PART-TIME - # hrs per week _____ <input type="checkbox"/> FULL TIME <input type="checkbox"/> SUMMER <input type="checkbox"/> PERDIEM	INDICATE SHIFT <input type="checkbox"/> DAY <input type="checkbox"/> EVENING <input type="checkbox"/> NIGHT	ARE YOU AVAILABLE TO WORK WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO
WHAT DATE WOULD YOU BE AVAILABLE FOR WORK?	SALARY REQUESTED?	
HAVE YOU EVER BEEN EMPLOYED AT THIS Salon? <input type="checkbox"/> NO <input type="checkbox"/> YES, PROVIDE TITLE AND YEARS OF SERVICE. _____	HOW DID YOU BECOME INTERESTED IN THE SALON?	
ARE YOU OVER 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU FILED AN APPLICATION HERE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN WAS LAST APPLICATION FILED? _____	
IF YOU ARE HIRED, ARE YOU ABLE TO PRESENT PROOF OF LEGAL AUTHORIZATION TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "NO" EXPLAIN WHAT TYPE OF VISA _____		
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" PLEASE EXPLAIN _____		
NAME AND ADDRESS OF SCHOOLS ATTENDED	ACADEMIC MAJOR	LIST DIPLOMA OR DEGREE
HIGH SCHOOL OR VOCATIONAL SCHOOL		
SCHOOL OF NURSING		
COLLEGES OR UNIVERSITIES		
GRADUATE SCHOOL/OTHER		

ARE YOU NOW LICENSED, CERTIFIED OR REGISTERED IN YOUR OCCUPATION? YES NO IN NEVADA? YES NO

NEVADA LICENSE, CERTIFICATION OR REGISTRATION NUMBER _____ EXPIRATION DATE _____

IF NOT LICENSED, CERTIFIED OR REGISTERED IN NEVADA, HAVE YOU MADE APPLICATION? YES NO VERIFIED _____
 EXPLAIN _____

DOES THE LICENSING BOARD HAVE ANY COMPLAINTS ON FILE IN REGARDS TO YOU LICENSE/CERTIFICATION/REGISTRATION? YES NO
 IF YES, PLEASE EXPLAIN _____

May we contact your present employer: Yes _____ No _____

List most recent employer first (include volunteer work). Please complete in full even though you may have a resume.

Dates Employed		Employer: _____	Title: _____
From _____	To _____	Address: _____	Duties: _____
		City, State: _____	
Salary		Immediate Supervisor: _____	
From _____	To _____	Phone Number: (_____) _____	
		Reason for Leaving: _____	

Dates Employed		Employer: _____	Title: _____
From _____	To _____	Address: _____	Duties: _____
		City, State: _____	
Salary		Immediate Supervisor: _____	
From _____	To _____	Phone Number: (_____) _____	
		Reason for Leaving: _____	

Dates Employed		Employer: _____	Title: _____
From _____	To _____	Address: _____	Duties: _____
		City, State: _____	
Salary		Immediate Supervisor: _____	
From _____	To _____	Phone Number: (_____) _____	
		Reason for Leaving: _____	

Dates Employed		Employer: _____	Title: _____
From _____	To _____	Address: _____	Duties: _____
		City, State: _____	
Salary		Immediate Supervisor: _____	
From _____	To _____	Phone Number: (_____) _____	
		Reason for Leaving: _____	

Professional or Academic Referral: (Do not give name of relative or former employer)

Name	Address & Telephone Number	Occupation	Years Known
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I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the salon shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers or omissions made by me in this questionnaire. I authorize the salons, companies, schools or persons named to give any information regarding my employment, together with any information they may have regarding me. Employment, if offered, is for an indefinite time period and is at-will. I hereby release said salon, companies, schools or persons from all liability for any damage for issuing this information. In addition, if accepted for employment, I hereby agree to abide by the rules and policies of my employer and accept the established pay period (every two weeks) as provided in accordance with the Fair Labor Standards Acts (as amended). Employment is contingent upon satisfactory completion of pre-employment immunization screening, completion I9 and background check, if applicable.

Applicant's Signature: _____ Social Security #: _____ Date: _____

FOR HUMAN RESOURCES USE ONLY

JOB TITLE		DEPT. #	<input type="checkbox"/> FT <input type="checkbox"/> PT # HRS. PER PAY PERIOD _____		SHIFT 1 2 3	PE SCREEN
						BENEFITS
GRADE	CODE	DATE OF HIRE	REVIEW DATE	SHIFT	START TIME	SALARY
DEPARTMENT HEAD SIGNATURE					DATE	