

Salon Skanda
Employment Application



APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you 18 or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you legally able to be employed in the U.S.?
			YES <input type="checkbox"/>
			NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Do you have a friend or relative in our employ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, who?
How did you hear of the position?			

EDUCATION

High School	Address	
From	To	Did you graduate?
		YES <input type="checkbox"/>
		NO <input type="checkbox"/>
		Degree
College	Address	
From	To	Did you graduate?
		YES <input type="checkbox"/>
		NO <input type="checkbox"/>
		Degree
Other	Address	
From	To	Did you graduate?
		YES <input type="checkbox"/>
		NO <input type="checkbox"/>
		Degree

REFERENCES

Please list three personal references.

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

AVAILABILITY

Total hours available per week: _____

Hours of availability:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge and understand that any false or misleading information given, or the omission of any pertinent information may result in my discharge at any time, if I am hired. I hereby authorize the Company to investigate my record with my former employers and personal references. If hired, I agree to abide by the policies, rules, and expectations of the Company. I also understand that my employment is "at will" and that I can resign at any time and that I can be terminated at any time. Nothing herein or during my employment shall be considered an employment contract.

Signature	Date
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