

APPLICATION FOR EMPLOYMENT

GENERAL					
Name	me Date of Application				
Address	City		State	Zip	
Phone	Email				
DOB//	Social Security Number			□ I am 18 Years or o	older
Have you previously applie	d with Seaport Salon & Day S	pa Inc.? If so, v	vhen?		
Referred by:					
Do you have any friends or	relatives employed by us?				
Are you authorized to work	in the United States? □ Yes	□ No	Desired Startin	ng Wage \$	per hou
Have you been convicted of	of a state or federal felony? If y	es, please exp	lain		
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POSITION					
Position applied for			pull	Time □ Part Time	
Professional License#					
Are you licensed in any oth	er states and/or countries? If s	so, which?			
EMPLOYMENT HIS	STORY				
Employer (starting with pre	esent or most recent)			Phone #	
Title		Supervisor_			
Reason for Leaving					
Employed From/To					
Duties Performed					
Employer (starting with pre	esent or most recent)			Phone #	
Title		Supervisor_			
Reason for Leaving					
Employed From/To					
Duties Performed					

Employer (starting with present or most recent)		Phone #	
Title	Supervisor		
Reason for Leaving			
Employed From/To			
Duties Performed			
EDUCATION			
Name & City of Cosmetology/ Professional School			
Date Started	Date Graduated		
Name & City of School		# years completed	
Major	Degree Earned		
Please list all advanced courses, training, educational	seminars, and conference	es you have attended:	
REFERENCES List three references (other than relatives or personal fried	nds, who have knowledge of	your work experience and /or education)	
Name	Phone	#	
Address			
City	State	Zip	
Title and/or relationship			
Name	Phone	#	
Address			
City	State	Zip	
Title and/or relationship			
Name			
Address			
City	State	Zip	
Title and/or relationship			

QUESTIONNAIRE	
Tell Us about Yourself	
Define Team Work	
What Skill Will You Bring To Seaport Salon & Da	ay Spa Inc.?
without cause. Similarly, Seaport Salon & Day Sor without cause. I certify that the answers giver Salon & Day Spa Inc. to verify any representation financial and/or other related matters as may be Seaport Salon & Day Spa Inc. May contact indict this process. I hereby release all employers, cor or persons from any and all liability in respondin Employment, I understand that false or misleadid discharge. I also understand that the prior writte outside ventures or additional Employment should be contacted.	Spa Inc. may terminate the employment relationship at will at any time, with a re true and correct to the best of my knowledge. I authorize Seaport ons made by me either oral or written concerning personal employment, a necessary in arriving at an employment decision. I understand that viduals or organizations other than these I have provided as a reference in impanies, corporations, credit bureaus, law enforcement agencies, schools, ag to inquiries in connection with this application. In the event of ing information given in this application (or any interviews) may result in en consent of Seaport Salon & Day Spa Inc. is required for participation in add I enter into an employment agreement with Seaport Salon & Day Spa
Signature	Date
DO NOT WRITE-OFFICE USE ONLY	
Interview Date	
Interviewed By	