

euphoria SALON

Application for Employment

Personal Information

Name: _____

Address: _____

Phone Number: _____

Referred By: _____

Employment Desired

Position Desired: _____

Desired Start Date: _____ Desired Salary: _____

Are you currently employed? May we contact your employer? _____

Have you applied to Euphoria Salon before? _____ If so, when? _____

Education History

Name & Location of School Attended	Dates Attended	Graduation Year	Subjects Studied
High School			
College			
Trade/Business			

General Information (Subjects of Special Study/Research Work or Special Training/Skills)

Employment History

List below your last four employers, starting with the most recent.

Dates of Employment	Company Name, City, & State	Salary	Position	Reason for Leaving

Availability

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Euphoria Salon is open Monday-Friday 8am-8pm and Saturdays 9am-3pm

References

Please provide three references from non-related people whom you have known for at least one year.

Name	Phone Number	Relationship	Company Name	Years Known

Please Attach Resume

Authorization

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This Waiver does not permit the release of or use of disability/related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Signature: _____

Date: _____