

Avalon Salon

APPLICATION FOR EMPLOYMENT

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Date: _____

Position you are seeking: _____

Name: _____

Age: _____

Address: _____ City: _____

Phone Number: _____

Email Address: _____

On what date would you be available to start? _____

Desired Wage: _____

Have you ever been involuntarily terminated or asked to resign from any position of employment? Yes _____ No _____

If yes, please describe the circumstances: _____

Education	Location	Years Attended	Degree Received	Major

Other training, certifications, or licenses held: _____

List other information pertinent to the employment you are seeking: _____

EMPLOYEMENT
(Most Recent First)

1. Employer _____

Job Title _____

Dates Employed _____

Phone Number _____ Supervisor _____

Starting Wage _____ Ending Wage _____

Duties Performed _____

Reason for leaving _____

2. Employer _____

Job Title _____

Dates Employed _____

Phone Number _____ Supervisor _____

Starting Wage _____ Ending Wage _____

Duties Performed _____

Reason for leaving _____

REFERENCES

(Please provide the name, phone number, and relationship of two individuals who have agreed to serve as professional references on your behalf.)

1.

Name: _____

Phone Number: _____

Relationship: _____

2.

Name: _____

Phone Number: _____

Relationship: _____

If you were to qualify for this job, would any of the items below be a challenge? If so, why?

1. Hours from 7:30AM-9:05PM (Monday - Friday) _____

2. Working Weekends _____

3. Are you involved in any sports or extra curricular activities? _____
