

GENERAL

NAME (LAST) (FIRST) (MIDDLE)			DATE OF APPLICATION
PRESENT ADDRESS	CITY	STATE	ZIP CODE
E-MAIL ADDRESS	PHONE NO. - HOME ()	PHONE NO. - CELL ()	
ARE YOU AT LEAST 18 YEARS OLD? YES NO	DATE OF BIRTH	SOCIAL SECURITY NUMBER	
HAVE YOU EVER WORKED FOR THIS COMPANY? YES NO IF SO WHEN?	ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? YES NO	CAN YOU PROVIDE PAPER DOCUMENTATION? YES NO	
HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO	IF YES, EXPLAIN		

POSITION

TYPE OF POSITION APPLYING FOR	SOURCE OF REFERRAL	LOCATION OF INTEREST
DATE AVAILABLE	POSITION DESIRED FULL-TIME REGULAR PART-TIME REGULAR TEMPORARY	
SPECIFY ANTICIPATED PERIOD OF WORK AND/OR NUMBER OF HOURS PER DAY	SALARY EXPECTED \$	

EMPLOYMENT RECORD LIST MOST RECENT EMPLOYMENT FIRST

START DATE	END DATE	FINAL POSITION TITLE	FINAL SALARY	MAY WE CONTACT THIS EMPLOYER? YES NO
EMPLOYER		LAST SUPERVISOR'S NAME	REASON FOR LEAVING	
STREET ADDRESS, CITY, STATE, ZIP CODE				PHONE ()
START DATE	END DATE	FINAL POSITION TITLE	FINAL SALARY	MAY WE CONTACT THIS EMPLOYER? YES NO
EMPLOYER		LAST SUPERVISOR'S NAME	REASON FOR LEAVING	
STREET ADDRESS, CITY, STATE, ZIP CODE				PHONE ()
START DATE	END DATE	FINAL POSITION TITLE	FINAL SALARY	MAY WE CONTACT THIS EMPLOYER? YES NO
EMPLOYER		LAST SUPERVISOR'S NAME	REASON FOR LEAVING	
STREET ADDRESS, CITY, STATE, ZIP CODE				PHONE ()

EDUCATION & TRAINING

COLLEGE UNIVERSITY OR TECHNICAL SCHOOL	NAME OF SCHOOL CITY & STATE	MAJOR SUBJECT	TYPE OF DEGREE OR DIPLOMA	GRADUATE? YES NO
HIGH SCHOOL LAST ATTENDED	NAME OF SCHOOL CITY & STATE	MAJOR SUBJECT	TYPE OF DEGREE OR DIPLOMA	GRADUATE? YES NO
OTHER	NAME OF SCHOOL CITY & STATE	MAJOR SUBJECT	TYPE OF DEGREE OR DIPLOMA	GRADUATE? YES NO

REFERENCES

LIST THREE PERSONS, OTHER THAN RELATIVES OR PERSONAL FRIENDS,
WHO HAVE KNOWLEDGE OF YOUR WORK EXPERIENCE AND/OR EDUCATION

NAME/TITLE	COMPANY	RELATIONSHIP	PHONE

QUESTIONNAIRE

TELL US ABOUT YOURSELF

DEFINE TEAMWORK

WHAT SKILLS WILL YOU BRING TO BELLE ISLE SALONSPA

AUTHORIZATION

APPLICATION MUST BE SIGNED PRIOR TO SUBMITTING

I hereby authorize investigation of all statements contained in this application and on my resume, if provided. I certify that such statements are true, and understand that misrepresentation or omission of facts called for in this form, or on any resume provided by me, is cause for termination of employment without notice.

Signature _____ Date _____

DO NOT WRITE - OFFICE USE ONLY

Interview Date _____

Log-In ID _____

Password _____

Interview By _____

Rate _____