

PARIS GALLERY HAIR SALON & DAY SPA

Application for Employment (online)

An Equal Opportunity Employer

Personal Data

Date of Application

Last Name	First Name	Middle Name	Social Security #
Current Address(No. & Street)	Apt. #	City	State Zip Code Length of Residence
Previous Address(No. & Street)	Apt. #	City	State Zip Code Length of Residence
Current Phone # ()	Alternate Phone # ()		
United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, are you legally eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment Data

Position applied for	Expected Salary	Date available for work	Location Desired
How were you referred to us? <input type="checkbox"/> Employee <input type="checkbox"/> Newspaper <input type="checkbox"/> Agency <input type="checkbox"/> Other			

Employment History (List most recent employment first)

Firm Name	Title/Description of Duties and Responsibilities		
Address			
City	State	Zip Code	
Phone #			
Dates of Employment From		To	Supervisor's Name/Title
Income Begin		End	Reason for Change

Firm Name	Title/Description of Duties and Responsibilities		
Address			
City	State	Zip Code	
Phone #			
Dates of Employment From		To	Supervisor's Name/Title
Income Begin		End	Reason for Change

Firm Name	Title/Description of Duties and Responsibilities		
Address			
City	State	Zip Code	
Phone #			
Dates of Employment From		To	Supervisor's Name/Title
Income Begin		End	Reason for Change

(If needed, feel free to attach any additional employment history)

Please list any employers that you do not want us to contact when conducting a reference check.

Do not contact _____ Reason _____

Do not contact _____ Reason _____

If you have listed your current employer, may we contact them after a job offer has been extended, and accepted? Yes No

Applicant Initial _____

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Education

School	City/State	Attended		Major/Minor	Diploma/Degree or # of Hours	GPA
		From	To			
High School						
College						
Cosmetology School						
Other (specify)						
% Expense Earned By:	Work	Scholarship	Loan Grant	Other		
Honors, Activities, Organizations, Special Recognition						

U.S. Military Service

Branch of U.S. Service	Date Entered	Date Discharged	Rank at Discharge
List duties and special training			

Additional Data

Have you been convicted of a crime in the last seven years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? Yes No
 If yes, describe in full.

Do you have any physical, mental, or medical impairments, or disabilities that preclude you from performing certain jobs? Yes No
 If yes, describe limitation.

During the last two years, estimate the time lost from job due to accident, or illness.

Have you received compensation for injuries? Yes No
 If yes, describe.

List any special training, qualifications, skills, or experience, that you feel especially fit you for work with our company.

Personal References (do not list former employers, or relatives)

Name	Address, City, State	Phone #	Occupation	Years known

Agreement and Signature

I hereby declare that the information provided by me in this Application For Employment is true, correct, and complete to the best of my knowledge. I understand that any misrepresentation, misstatement, or willful omission of fact, shall be cause for rejection of this application, or termination of employment.

You are hereby authorized to make any investigation of my work history, personal references, and financial, or credit record as may be necessary to determine my acceptability for employment.

I hereby consent to participate in any evaluation program, and authorize and consent to the use of the results by the organization as it may desire for employment or other purposes.

 Applicant Signature

 Date