



# Employment Application

## Personal Information

LAST NAME		FIRST NAME		MIDDLE INITIAL
STREET ADDRESS		CITY	STATE	ZIP CODE
HOME PHONE	CELL PHONE	WORK LOCATION DESIRED	DATE AVAILABLE TO START	
SCHEDULE AVAILABILITY (check all that apply) – FULL TIME – PART TIME – SUN – MON – TUE – WED – THU – FRI – SAT – AM – PM – OPEN – CLOSE – HOLIDAYS		HOW DID YOU FIND SPA HERE?		
POSITION MOST PREFERRED	EARLIEST TIME YOU CAN START	LATEST TIME YOU CAN STAY		

1. Are you legally eligible to work in the United States without sponsorship? – YES – NO
  2. Are you at least 18 years of age? – YES – NO
  3. Do you have a valid, unexpired driver's license? – YES – NO
  4. Have you ever been convicted, plead guilty, plead no contest of any crime? – YES – NO
  5. Are you currently on probation or on a work release program? – YES – NO
  6. Are you aware of the essential job functions and duties for this position? – YES – NO
  7. Do you have any friends or relatives currently employed by Spa Here? – YES – NO
- If yes, list name, location, and relationship to you.

## Education History

HIGH SCHOOL NAME	CITY	STATE	DID YOU GRADUATE – YES – NO – ATTENDING	DIPLOMA
COLLEGE OR UNIVERSITY NAME	CITY	STATE	DID YOU GRADUATE – YES – NO – ATTENDING	DIPLOMA
GRADUATE SCHOOL NAME	CITY	STATE	DID YOU GRADUATE – YES – NO – ATTENDING	DIPLOMA
TRADE SCHOOL NAME	CITY	STATE	DID YOU GRADUATE – YES – NO – ATTENDING	DIPLOMA

## Employment History

Starting with your current or most recent employer, please list all employment, education and unemployment history for the most recent 10 years. If you were unemployed for more than 30 days, please list a reference.

COMPANY NAME, OR REFERENCE (CITY & STATE)	PHONE NUMBER	START MM/YY	END MM/YY	POSITION HELD	ENDING PAY	REASON FOR LEAVING

## Application Statement \*please read carefully before signing\*

I hereby certify that all of the information provided in order to apply for and secure work with this employer is true, complete, and correct.

I expressly authorize without reservation the employer its representatives employees or agents to contact and obtain information from all references (personal and professional), employees, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application resume or job interview hereby waive any and all rights and claims may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and complete new application.

If am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employers president.

I also understand that if am hired, I will be required to provide proof of identity and legal authorization to work in the United States and federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to eliminate me from further consideration for employment, or may result in my immediate discharge from the employers service, whenever it is discovered.

SIGNATURE

DATE