

## **Employment Application**

## (PLEASE PRINT IN INK)

Position(s) Applied For			Date of Application		
st Name First Name			Middle Name		
Address	City		State	Zip Code	
Telephone Number Al	ternate Number	Socia	Social Security Number		
Are you legally eligible to work in the United States? [ ] Yes [ ] (Proof of eligibility will be required upon offer of employment)			Are you over 18 years of age? [ ] Yes [ ] No		
	] School [ ] Sign (drive by) [ ]				
Are you a licensed cosmetologi	st/barber? State L	icense numbe			
What salary/rate of pay do you e	expect to receive if you are empl	oyed? Wh	at date are you	available to start?	
<b>EDUCATION History</b>					
EDUCATION History  Name & Location	Years Attended	Subject	s Studied	Graduated*	
Name & Location	Years Attended	Subject	s Studied	Graduated*	
Name & Location High School	Years Attended	Subject	s Studied	Graduated*	
	Years Attended	Subject	s Studied	Graduated	



EMPLOYMENT History (Please begin with your most recent employer. Do not exclude any employment. Attach another sheet if necessary.) If currently employed, may we contact your present employer? [ ] Yes [ ] No Most Recent Rate of Pay **Employment Dates** Company Name End Start From To Supervisors Name & Title Phone Address Position and Responsibilities Reason for leaving and explanation Rate of Pay **Employment Dates** Company Name End Start From To Supervisors Name & Title Phone Address Position and Responsibilities Reason for leaving and explanation Rate of Pay **Employment Dates** Company Name Start End From To Supervisors Name & Title Phone Address Position and Responsibilities Reason for leaving and explanation

Please provide any other information that you feel will help us in considering your application for employment.



REFERENCES (Please list three persons, who are not related to you or previous supervisors, who can provide professional references.) That you have known at least 1 year.

Name	Address	Phone	Relationship/ Occupation	Years Known

## \*PLEASE READ CAREFULLY BEFORE SIGNING\*

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Beyond Relaxation that such employment with Beyond Relaxation is at will, for no specified duration and may be terminated by either Beyond Relaxation or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Beyond Relaxation or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of Beyond Relaxation except the owners has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the owner of Beyond Relaxation

I herby authorize Beyond Relaxation to contact any and all former employers, personal references, and private or public agencies named in this application to obtain any job related information they may have regarding my employment and/or character. I hereby release all parties and persons connected with any such request for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature Date