

SAGITTARIUS

S A L O N / S P A

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap, or veteran status.

P E R S O N A L	Last Name	First	Middle	Date
	Street Address			Home Telephone ()
	City, State, Zip			Business Telephone ()
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Month and Year _____ Location _____			Social Security #
	Position Desired			Pay Expected
	Apart from absences for religious observances, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?			When will you be available to begin work?
	Other special training or skills (languages, machine operation, etc.)			

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did you graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Membership in Professional or Civic Organizations <i>(Exclude those which may disclose your race, color, religion, or national origin)</i>

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1	Company Name	Telephone ()
	Address	Employed- (State month and year) From To
	Name of Supervisor	Hourly pay Start Last
	State Job Title and Describe Your Work _____	Reason for leaving

2	Company Name	Telephone ()
	Address	Employed- (State month and year) From To
	Name of Supervisor	Hourly pay Start Last
	State Job Title and Describe Your Work _____	Reason for leaving

3	Company Name	Telephone ()
	Address	Employed- (State month and year) From To
	Name of Supervisor	Hourly pay Start Last
	State Job Title and Describe Your Work _____	Reason for leaving

4	Company Name	Telephone ()
	Address	Employed- (State month and year) From To
	Name of Supervisor	Hourly pay Start Last
	State Job Title and Describe Your Work _____	Reason for leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	<i>DO NOT CONTACT</i>
	Employer Number(s) _____ Reason _____ _____

MILITARY	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," in what Branch?
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Describe any training received relevant to the position for which you are applying.

BUSINESS REFERENCES	This section is optional and can be used for any additional references not including former employers and family members.
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1	Name	Telephone ()
	Relationship	

2	Name	Telephone ()
	Relationship	

3	Name	Telephone ()
	Relationship	

ADDITIONAL INFORMATION	This section is optional and can be used to provide any additional information that is relevant to your application.
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The information provided in this Application for Employment is true, correct and complete. If you employ me, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment creates no obligation upon you, the employer, to continue to employ me in the future.

_____ Date

_____ Signature