

LEFORE'S SKIN CARE & HEALTH SPA

228 W. Birch Walla Walla, WA, 99362

Tel (509) 525-3336 Fax (509) 525-3337



Application for Employment

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
If hired, how soon can you begin?			
Will You Work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Weekends or Weeknights			
How did you hear about our company?			
Do you have any physical handicap that prevents you from doing certain types of work?			
Explain:			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?
			YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
What are you looking for in a job? (Be Specific)			
What qualities, special skills or training do you possess that would be most valuable to you in a job with our company?			
Why are you the best person for this job?			
What are your long-term career goals?			
List any other information you would like us to consider or use this space to sell yourself.			

EDUCATION

High School

From		Address			
College	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
From		Address			
Other	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
From		Address			
	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES*Please list three professional references.*

Full Name	
Company	Relationship
Address	Phone ()
Full Name	
Company	Relationship
Address	Phone ()
Full Name	
Company	Relationship
Address	Phone ()

PREVIOUS EMPLOYMENT

Company		
Address	Phone ()	
Job Title	Supervisor	
Responsibilities	Starting Salary \$	Ending Salary \$
From		
May we contact your previous supervisor for a reference?	To	Reason for Leaving
Company	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Address	Phone ()	
Job Title	Supervisor	
Responsibilities	Starting Salary \$	Ending Salary \$
From		
May we contact your previous supervisor for a reference?	To	Reason for Leaving
Company	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Address		Phone ()	
Job Title		Supervisor	
Responsibilities	Starting Salary \$	Ending Salary \$	
From			
May we contact your previous supervisor for a reference?		Reason for Leaving	

YES NO

MILITARY SERVICE

Branch			
Rank at Discharge		From	To
If other than honorable, explain	Type of Discharge		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.
 This application is not an offer of employment or an employment contract.

Signature

Date
