



## EMPLOYMENT APPLICATION

(PLEASE PRINT IN INK)

### PERSONAL INFORMATION

<b>Position(s) Applied For</b>		<b>Date of Application</b>	
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Phone:	E-Mail	SSN:	Driver's License:
Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Proof of eligibility will be required upon offer of employment)</i>		Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How Did You Hear About Us? <input type="checkbox"/> School <input type="checkbox"/> Sign (drive by) <input type="checkbox"/> Client _____			
<input type="checkbox"/> Current Employee _____ <input type="checkbox"/> Other: _____			
Are you a licensed Nail Specialist/cosmetologist?	State	License number	
What rate of pay do you expect to receive if you are employed?		What date are you available to start?	

### EDUCATION HISTORY

Name & Location	Years Attended	Subjects Studied	Graduated?
High School			
College/Trade			
College/Trade			

Please list any academic honors, scholarships, offices held and special skills we should know about.

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**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**

Company Name	Employment Dates From                      To	Start	Rate of Pay	
			End	
Address	Phone	Supervisors Name & Title		
Position and Responsibilities				
Reason for leaving and explanation				

Company Name	Employment Dates From                      To	Start	Rate of Pay	
			End	
Address	Phone	Supervisors Name & Title		
Position and Responsibilities				
Reason for leaving and explanation				

Company Name	Employment Dates From                      To	Start	Rate of Pay	
			End	
Address	Phone	Supervisors Name & Title		
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.

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**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

**Have you been convicted of a felony within the last 7 years?** [ ] Yes [ ] No *Note: Conviction will not necessarily disqualify an applicant from employment.*

**If yes, please explain** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**\*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 Jenny Nails Spa, that such employment with Jenny Nails Spa is at will, for no specified duration and may be terminated by either Jenny Nails Spa or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Jenny Nails Spa or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of Jenny Nails Spa 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 Jenny Nails Spa.

I hereby authorize Jenny Nails Spa 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**

JENNY NAILS SPA – APPLICATION FORM

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