



# Application for Employment

7155 W. Pleasant Valley Rd., Parma, OH 44129 • 440.845.7373

Personal Information (Please type or print clearly)

Name: \_\_\_\_\_  
First Middle Last

Please list any other names you have used: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long at this address? \_\_\_\_yrs. \_\_\_\_mos. Phone: \_\_\_\_\_

If less than 2 years, please list previous address: \_\_\_\_\_

Are you legally eligible to work in the United States? \_\_\_\_Yes \_\_\_\_No  
Proof of eligibility will be required if employment is offered.

Have you ever been convicted of a crime? If so, please explain:

\_\_\_\_\_

Position you are applying for: \_\_\_\_\_

List applicable licenses you currently hold:

License type: \_\_\_\_\_ License number: \_\_\_\_\_ State: \_\_\_\_\_

License type: \_\_\_\_\_ License number: \_\_\_\_\_ State: \_\_\_\_\_

What type/rate of pay do you expect? \_\_\_\_\_

What date are you available to start? \_\_\_\_\_

What days/times are you available to work? (check all that apply):

|            | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|------------|--------|---------|-----------|----------|--------|----------|--------|
| Mornings   |        |         |           |          |        |          |        |
| Afternoons |        |         |           |          |        |          |        |
| Evenings   |        |         |           |          |        |          |        |

## Education History:

School Name

Years Attended

Graduated?

High School: \_\_\_\_\_ \_\_\_\_Yes \_\_\_\_No

College/Trade: \_\_\_\_\_ \_\_\_\_Yes \_\_\_\_No

College/Trade: \_\_\_\_\_ \_\_\_\_Yes \_\_\_\_No

Please list any other schools, academic honors, scholarships, offices held and special skills you would like us to know about:

\_\_\_\_\_

*continue to next page*

**Employment History** (Please begin with your most recent employer. Do not exclude any employment. Attach an additional sheet, if necessary):

Most Recent Employer:

Company Name: \_\_\_\_\_

Employment from: \_\_\_\_\_ to \_\_\_\_\_ Phone: \_\_\_\_\_

Rate of Pay: Start \_\_\_\_\_ End: \_\_\_\_\_ Email: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

Reason for leaving (or wanting to leave): \_\_\_\_\_

May we contact this employer?  Yes  No

**Next Employer:**

Company Name: \_\_\_\_\_

Employment from: \_\_\_\_\_ to \_\_\_\_\_ Phone: \_\_\_\_\_

Rate of Pay: Start \_\_\_\_\_ End: \_\_\_\_\_ Email: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

May we contact this employer?  Yes  No

Reason you left: \_\_\_\_\_

**Next Employer:**

Company Name: \_\_\_\_\_

Employment from: \_\_\_\_\_ to \_\_\_\_\_ Phone: \_\_\_\_\_

Rate of Pay: Start \_\_\_\_\_ End: \_\_\_\_\_ Email: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

May we contact this employer?  Yes  No

Reason you left: \_\_\_\_\_

Do you smoke cigarettes?  Yes  No (Know that we promote health and wellness!)

Do you personally know a staff member at Avalon and, if so, who? \_\_\_\_\_

Please list two references with phone numbers and/or emails that are not related to you:

1. \_\_\_\_\_

2. \_\_\_\_\_

I attest that all information I have provided in this employment application is true and correct. I understand that the falsification of any information on this application will remove me from consideration for employment and, if employed, may result in my termination. I understand that any offer of employment or continued employment may be contingent upon the receipt of satisfactory background check by Avalon Salon and Day Spa, Inc.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date