



## APPLICATION FOR EMPLOYMENT

**Please fill out all information completely.** Lorinda's is an equal opportunity employer. We are dedicated to a non-discrimination policy of employment on any basis including race, age, gender, religion, physical handicap or sexual orientation. Please let us know if you need accommodations in order to participate in the application process.

### Employment Desired

Position: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Date you can start: \_\_\_\_\_ How did you hear about Lorinda's? \_\_\_\_\_

How many hours would you like to work in a week? \_\_\_\_\_

Why would you like to work for Lorinda's? \_\_\_\_\_

Explain any time restrictions you may have: \_\_\_\_\_

Are you eligible for employment in the United States? \_\_\_\_ Yes \_\_\_\_ No

(If offered employment, you will be required to provide documentation to verify eligibility.)

### Personal Information

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

First Middle Last

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

Street City State Zip

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Have you been employed at Lorinda's before? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

### General Background/Qualifications

Are you employed now? \_\_\_\_\_ May we inquire of your present employer? \_\_\_\_\_

Manager's Name and Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_ Approximate Earnings: \_\_\_\_\_

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

Street City State Zip

Reason for wanting to leave? \_\_\_\_\_

What did you like best about this job? \_\_\_\_\_

Least? \_\_\_\_\_

**Education**

		Date Started	Date Completed	Did you graduate?	Subjects studied and Degree(s) or Licenses received
High School				Yes <input type="radio"/> No <input type="radio"/>	
College				Yes <input type="radio"/> No <input type="radio"/>	
Trade School				Yes <input type="radio"/> No <input type="radio"/>	
Apprentice Program				Yes <input type="radio"/> No <input type="radio"/>	

**Professional License or Membership:** (List all licenses/memberships applicable to position you are applying for.)

Type of License(s) held: \_\_\_\_\_

State and License Number: \_\_\_\_\_

License Expiration Date: \_\_\_\_\_

**Employment Record**

List most recent jobs first, include all jobs, military service and periods of unemployment lasting more than one month.

	Date Month/Year	Business Name,Address, Supervisor	Position/Phone	Salary/Reason for Leaving
From:				
To:				
Liked Best:		Liked Least:		
From:				
To:				
Liked Best:		Liked Least:		
From:				
To:				
Liked Best:		Liked Least:		
From:				
To:				
Liked Best:		Liked Least:		

**Record of Conviction:**

During the last ten years, have you ever been convicted of a crime other than minor traffic offense? \_\_\_\_ Yes \_\_\_\_ No

If Yes, explain:

\_\_\_\_\_  
(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime and rehabilitation will be considered.)

**Position Information:**

Have you ever rented a booth? \_\_\_\_\_ Owned a salon? \_\_\_\_\_

Would you be willing to attend training classes outside of your work hours? \_\_\_\_\_

Are you willing to work:

- Saturdays** \_\_\_\_\_
- Sundays** \_\_\_\_\_
- Mornings** \_\_\_\_\_
- Evenings** \_\_\_\_\_
- Holidays** \_\_\_\_\_

What "strengths" do you have?	What "strengths" are you missing?
Knowledge:	Knowledge:
Skills:	Skills:
Talent:	Talent:

Why did you decide to become a Cosmetologist/Esthetician/LMP? \_\_\_\_\_

\_\_\_\_\_

Where do you see yourself in regards to your career in 5 years? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize [Company] to verify their accuracy and to obtain reference information on my work performance. I hereby release [Company] from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

I understand that the Company requires the successful completion of a urinalysis for drug testing purposes and/or a blood alcohol test as a condition of employment. By submitting this Application for Employment, I hereby consent to either or both of said tests, at the Company's discretion.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

**This application for employment is good for 30 days only.  
Consideration for employment after 30 days requires a new application.**

**RELEASE AND AUTHORIZATION FOR BACKGROUND AND REFERENCE  
INVESTIGATION**

In connection with my application for employment (including contract for services), I understand that investigative background inquiries are to be made on me which may include criminal convictions, motor vehicle, and other reports. These reports may include information as to my character, work habits, performance, education and experience along with reasons for termination of employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences. *If I include a current employer for verification, I may jeopardize my position within that company.*

I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from any liability and responsibility for doing so. This authorization and consent shall be valid in original, fax or copy form. I further authorize ongoing procurement of the above mentioned reports at any time during my employment (or contract).

I am aware that the result of any background investigation performed by Employer and/or its designees is not the sole criteria used by the Employer in making a decision to hire or not hire any individual, including me. I am also aware that any falsification or misrepresentation of information appearing on my application for employment shall be grounds for my not being hired or for my being terminated.

I have carefully read this Release and Authorization for Background and Reference Investigation and have voluntarily agreed to its terms to assist Employer in evaluating my qualifications for employment and in meeting the business necessity of hiring honest, trustworthy, reliable, and non-violent employees. I additionally agree to fully cooperate with Employer in permitting the release of the above information and reports. Finally, I understand that with the exception of any credit reports, all information generated, received or maintained during or as a result of its investigation, will be maintained as confidential information and that Employer will not release such information to me.

Potential Employer \_\_\_\_\_  
Applicant \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Drivers License Number \_\_\_\_\_ State of Issue \_\_\_\_\_

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

**RELEASE**

**DISCLOSURE AND AUTHORIZATION REGARDING PROCUREMENT OF BACKGROUND REPORTS**

It is recognized and understood that the Fair Credit Reporting Act provides that anyone "who knowingly and willfully obtains information on a consumer from a consumer reporting agency under false pretenses" shall be fined not more than \$2,500 or imprisoned not more than a year, or both.

**Release:**

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**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please PRINT clearly:** Position applied for: \_\_\_\_\_

Name: \_\_\_\_\_ Maiden / AKA: \_\_\_\_\_  
                    First                    Middle                    Last

Soc. Sec. #: \_\_\_\_\_ \*Sex: \_\_\_\_\_ \*Race: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_

*Current* Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How long: \_\_\_\_\_ to \_\_\_\_\_

*Previous* Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How long: \_\_\_\_\_ to \_\_\_\_\_

**Motor Vehicle Report**

Name as it appears: \_\_\_\_\_ License #: \_\_\_\_\_ State held: \_\_\_\_\_

\*Responses to these are completely voluntary. You need not respond to have your application considered. However, without this information, we may be unable to distinguish you from another in the event we discover adverse information during our background investigation.

Criminal \_\_\_\_\_ SSS \_\_\_\_\_ EMP \_\_\_\_\_ MVR \_\_\_\_\_ Credit \_\_\_\_\_