

Lorinda's Salon Spa Store

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:	

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:

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. I hereby consent to obtaining the above information from BACKGROUND SOURCE INT'L and/or any of their licensed agents. 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).

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: _____ Drivers 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 _____

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** _____

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 Lorinda's Salon•Spa•Store to verify their accuracy and to obtain reference information on my work performance. I hereby release Lorinda's Salon•Spa•Store 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 on for 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 nor anything said during the interview process shall be deemed to constitute the terms of an implied 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.

Signature of Applicant: _____ Date: _____

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