

Simpure SalonSpa

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE INT.	SOCIAL SECURITY NUMBER
STREET ADDRESS		APT NO.	CITY		STATE ZIP CODE
HOME PHONE NUMBER (+ area code)	DAYTIME PHONE NUMBER (+ area code)		POSITION(S) DESIRED		
SALARY EXPECTED / hr	HAVE YOU WORKED FOR AN AVEDA SALON BEFORE? (Circle One) YES / NO If yes, please list where, when, and the name of your supervisor? _____ _____				
TYPE OF EMPLOYMENT DESIRED: (Check One)					
Permanent, Full Time _____		Temporary, Full Time _____		On Call _____	
Permanent, Part Time _____		Temporary, Part Time _____		Summer Only _____	
HAVE YOU BEEN CONVICTED OF ANY VIOLATION OF LAW BY CIVILIAN OR MILITARY COURT OTHER THAN FOR A MINOR TRAFFIC OFFENSE? (Circle One) YES / NO If yes, please explain _____ _____			ARE YOU [LEAGALLY] ABLE TO WORK IN THE UNITED STATES OF AMERICA? (Circle One) (Proof of US Citizenship or immigration status will be required upon employment) YES / NO If no, please explain _____ _____		

EDUCATION

SCHOOL NAME (Secondary 9-12)	LOCATION	DATE ATTENDED From: To:	DIPLOMA / CERTIFICATE
SCHOOL NAME (College)	LOCATION	DATE ATTENDED From: To:	DIPLOMA / CERTIFICATE
OTHER TRAINING	LOCATION	DATE ATTENDED From: To:	DIPLOMA / CERTIFICATE

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PROFESSIONAL LICENSURE

LIST ALL CERTIFICATIONS, REGISTRATIONS OR LICENSES AS REQUIRED

LICENSE NUMBER/EXPIRATION DATE/STATE OF ISSUE

License Number: _____

State of Issue: _____ Exp. Date: _____

MISCELLANEOUS

HOW DID YOU HEAR ABOUT US? (Check One)

Newspaper _____ Website _____ Open House _____ Job Fair _____ First Source _____

Referral by Current Employee (list name) _____

EMPLOYMENT

(Please list all former employers)

NAME OF EMPLOYER		FROM MM/YY	TO MM/YY	SUPERVISOR NAME	LAST SALARY
STREET ADDRESS		CITY, STATE, ZIP		PHONE NUMBER (+ area code)	MAY WE CONTACT REASON FOR LEAVING YES / NO
JOB TITLE & DUTIES				NAME WHEN EMPLOYED	
NAME OF EMPLOYER		FROM MM/YY	TO MM/YY	SUPERVISOR NAME	LAST SALARY
STREET ADDRESS		CITY, STATE, ZIP		PHONE NUMBER (+ area code)	MAY WE CONTACT REASON FOR LEAVING YES / NO
JOB TITLE & DUTIES				NAME WHEN EMPLOYED	
NAME OF EMPLOYER		FROM MM/YY	TO MM/YY	SUPERVISOR NAME	LAST SALARY
STREET ADDRESS		CITY, STATE, ZIP		PHONE NUMBER (+area code)	MAY WE CONTACT REASON FOR LEAVING YES / NO
JOB TITLE & DUTIES				NAME WHEN EMPLOYED	

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Do we have permission to obtain reference checks on your previous employment and background history?
YES / NO (Circle one)

Do you understand and agree with the Simpure policy that may require you to undergo drug and alcohol testing in order to maintain a safe work environment? YES / NO (Circle one)

READ CAREFULLY BEFORE SIGNING.

I agree that any claim or lawsuit relating to my service with Simpure or any of its related entities must be filed no more than six months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

I attest under penalty of perjury that the information given on this application is correct to the best of my knowledge and understand that providing false information is grounds for dismissal. I understand that if hired I will be a "terminable-at-will employee," and that my employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either the company or myself. I further understand that no human resource recruiter or interviewer or other representative of Simpure has any authority to enter into any agreement contrary to the foregoing or for employment for any specified period of time.

I give Simpure the right to investigate all references and to secure additional information about me, if job related, and so long as I have not indicated otherwise in the spaces provided above. I hereby release from liability Simpure and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I understand that this application is good only for ninety (90) days from today's date. If I still desire a position at Simpure when this application expires, it will be my duty to fill out a new application and file it with Simpure. Otherwise, Simpure will not consider me for employment after this application expires. I further agree to submit to alcohol or drug screening tests, where and whenever legal, if requested of me at any time prior to or during my employment.

SIGNATURE _____ DATE _____