

# EMPLOYMENT APPLICATION

Position Desired

Application Date

## PERSONAL INFORMATION

Name

Phone

Email

Street Address

City

State

Zip

Are you presently employed? Yes  No

What is your desired pay?

Available to start

Please choose your hours of availability

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From <input type="text"/>	From <input type="text"/>	From <input type="text"/>	From <input type="text"/>	From <input type="text"/>	From <input type="text"/>	From <input type="text"/>
To <input type="text"/>	To <input type="text"/>	To <input type="text"/>	To <input type="text"/>	To <input type="text"/>	To <input type="text"/>	To <input type="text"/>

Have you ever applied here before? Yes  No  If yes, which position?  Date

Can you submit verification of your identity and legal right to work in the United States? Yes  No

Employment type desired: Full time  Part time  Temporary  Internship  Seasonal (summer/holidays)

Are you 18 years of age or older? Yes  No  If under age 18, do you have a work permit? Yes  No

What prompted you to apply?  Have you ever been convicted of a felony? (Do not include convictions that have been sealed, expunged or statutorily eradicated?) Yes  No

Why do you want to join the Samsara team?

What do you believe would be your greatest contribution to our salon?

## QUALIFICATIONS

Certified Position: Licenses/Certifications  Qualifications and special skills

State License Number (include state)

Other

## EDUCATION AND TRAINING

Did you graduate? Yes  No  Not Yet   
High School City State If yes, date graduated

Did you graduate? Yes  No  Not Yet   
College City State If yes, date graduated

Did you graduate? Yes  No  Not Yet   
Industry Academ/Beauty School City State If yes, date graduated

Other Training, Education and Honors

# EMPLOYMENT APPLICATION (continued)

## EMPLOYMENT HISTORY (Please list present or most recent employer first)

<b>1</b>	Employer	Date Hired	Date Departed	Supervisor Name	Position
	Phone	Salary	Duties	Reason for Leaving	
May we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>					

<b>2</b>	Employer	Date Hired	Date Departed	Supervisor Name	Position
	Phone	Salary	Duties	Reason for Leaving	
May we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>					

<b>3</b>	Employer	Date Hired	Date Departed	Supervisor Name	Position
	Phone	Salary	Duties	Reason for Leaving	
May we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>					

## REFERENCES (Please provide contact information for (3) individuals NOT related to you)

<b>1</b>	Name	Phone	Relationship to You	Years Known
<b>2</b>	Name	Phone	Relationship to You	Years Known
<b>3</b>	Name	Phone	Relationship to You	Years Known

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by and authorized company representative."

Yes, I understand the terms of this application

Applicant Signature	Date
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