

# LEFORE'S SKIN CARE & HEALTH SPA

228 W. Birch Walla Walla, WA, 99362

Tel (509) 525-3336 Fax (509) 525-3337



## Application for Employment

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
If hired, how soon can you begin?			
Will You Work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Weekends or Weeknights			
How did you hear about our company?			
Do you have any physical handicap that prevents you from doing certain types of work?			
Explain:			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?
			YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
What are you looking for in a job? (Be Specific)			
What qualities, special skills or training do you possess that would be most valuable to you in a job with our company?			
Why are you the best person for this job?			
What are your long-term career goals?			
List any other information you would like us to consider or use this space to sell yourself.			

**EDUCATION**

High School

From		Address			
College	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
From		Address			
Other	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
From		Address			
	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

**REFERENCES***Please list three professional references.*

Full Name	
Company	Relationship
Address	Phone ( )
Full Name	
Company	Relationship
Address	Phone ( )
Full Name	
Company	Relationship
Address	Phone ( )

**PREVIOUS EMPLOYMENT**

Company		
Address	Phone ( )	
Job Title	Supervisor	
Responsibilities	Starting Salary \$	Ending Salary \$
From		
May we contact your previous supervisor for a reference?	To	Reason for Leaving
Company	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Address	Phone ( )	
Job Title	Supervisor	
Responsibilities	Starting Salary \$	Ending Salary \$
From		
May we contact your previous supervisor for a reference?	To	Reason for Leaving
Company	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Address		Phone ( )	
Job Title		Supervisor	
Responsibilities	Starting Salary \$	Ending Salary \$	
From			
May we contact your previous supervisor for a reference? To		Reason for Leaving	
		YES <input type="checkbox"/> NO <input type="checkbox"/>	

**MILITARY SERVICE**

Branch			
Rank at Discharge		From	To
If other than honorable, explain		Type of Discharge	

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

This application is not an offer of employment or an employment contract.

Signature

Date