

Spa Constantine Employment application

Instructions:

Fill out and fax to 708 233-5944 Attention: Spa Director or email to spaconstantine@sbcglobal.net

Last Name _____ First _____ M.I. _____ Date _____

Street Address _____ Apartment/Unit # _____

City _____ State _____ ZIP _____

Home Phone _____ E-mail Address _____

Cell Phone _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

In the past 7 years, have you ever been convicted of a felony, excluding misdemeanors and traffic violations? YES NO
If yes, please explain (a conviction will not necessarily bar you from employment)

Education

High School _____ City _____ ST _____ Grad.Year _____

College _____ City _____ ST _____ Grad year _____

Did you graduate? YES NO Graduation Year Degree

Cosmetology School _____ City _____ ST _____ Grad year _____

Esthetician School _____ City _____ St _____ Grad year _____

Massage Therapy School _____ City _____ St _____ Grad year _____

Are you licensed in the state of Illinois as a Cosmetologist ,Massage Therapist or Esthetician? _____

Please provide the names of three (3) persons (not related to you) whom you have known for at least one year.

Full Name _____ Relationship _____

Company _____ Phone _____

Address _____ Years Known _____

City _____ ST _____

Full Name _____ Relationship _____

Company _____ Phone _____

Address _____ Years Known _____

City _____ ST _____

Full Name _____ Relationship _____

Company _____ Phone _____

Address _____ Years Known _____

City _____ ST _____

Experience

Company _____ Phone _____

Address _____ Supervisor _____

Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____

from _____ to _____ May we contact your previous supervisor for a reference? YES NO

Responsibilities _____

Reason for leaving _____

Company _____ Phone _____

Address _____ Supervisor _____

Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____

from _____ to _____ May we contact your previous supervisor for a reference? YES NO

Responsibilities_____

Reason for Leaving_____

Company _____ Phone_____

Address _____ Supervisor_____

Job Title_____ Starting Salary \$_____ Ending Salary \$_____

from _____ to _____ May we contact your previous supervisor for a reference? YES NO

Responsibilities_____

Spa Business Hours

Monday 10-8

Tuesday 10-8

Wednesday 10-8

Thursday 10-8

Friday 9-7

Saturday 9-5

Sunday 10-5

Your Available Hours

Monday_____

Tuesday_____

Wednesday_____

Thursday_____

Friday_____

Saturday_____

Sunday_____

What Position are you applying for? Message Therapist____ Esthetician_____ Nail

Technician_____ Reception_____

Desired Salary _____ Total Hours Available per Week _____ Date Available to Start_____

Which location? Downers Grove_____ Oak Park_____

How did you hear about the position?_____

Do you have transportation to work? YES NO How far do you live from salon location? miles_____

Do you have a relative/friend currently employed with us? YES NO

If yes, Name? Position_____ Location_____

Have you previously been employed by Spa Constantine Inc.? YES NO

from_____ to _____ Position

Reason for Leaving_____

Any additional info?_____

I certify that the information I have given on this application is true and complete and understand that any false or misleading information given, or the omission of any pertinent information may result in my discharge at any time. I hereby authorize the Company to investigate my record with my former employers and personal references. If hired, I agree to abide by the policies, rules and expectations of Spa Constantine Inc. Nothing herein or during my employment shall be considered an employment contract.

Signature_____ Date_____