

Bella Capelli Sanctuario

Introduced to _____

Application for Employment

Bella Capelli Use

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. (Application must be completed in full even if attaching a resume.)

DATE: _____

NAME: _____

ADDRESS: _____

E-MAIL _____

TELEPHONE # _____

OTHER # (cell, etc.) _____

EDUCATIONAL BACKGROUND:

(Circle highest grade completed)

HIGHSCHOOL 1 2 3 4

School Attended _____

COLLEGE 1 2 3 4

College Attended _____

COSMETOLOGY SCHOOL ATTENDED _____

Date of Graduation _____

OTHER RELEVANT EDUCATION _____

If applicable, do you have an OHIO STATE BOARD COSMETOLOGY LICENSE?

Yes _____ No _____ Not Applicable _____

POSITION DESIRED

Salon Coordinator (front desk)_____ Stylist (qualified) _____ Other _____(specify)
Intern (recent grad.) _____ Colorist (qualified) _____
Make-Up Artist _____ Nail Technician _____
Esthetician _____ Massotherapist _____

Only U.S. Citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon hire, provide genuine documentation establishing your identity and eligibility to be legally employed in the U.S.? yes_____ no_____

If you are under age 18, can you supply working papers? yes_____ no_____

Are you able to perform the essential functions of the job for which you are applying?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation or whether accommodation is necessary. These issues may be addressed at stage to the extent permitted by law.

YES_____ NO_____ Need more information to respond_____

Date you are available to begin work _____

Salary Desired _____

Availability: Please list all the hours you are available to work

MONDAY _____
TUESDAY _____
WEDNESDAY _____
THURSDAY _____
FRIDAY _____
SATURDAY _____

EMPLOYMENT HISTORY

Starting with your most recent employer, provide the following information:

1.)Employer_____

Phone_____ Contact Name_____

Address_____

Position Held_____

Duties_____

Wage_____ Start Date_____ End Date_____

Reason for Leaving_____

May we contact? Yes_____ No_____

2.) **Employer** _____

Phone _____ Contact Name _____

Address _____

Position Held _____

Duties _____

Wage _____ Start Date _____ End Date _____

Reason for Leaving _____

May we contact? Yes _____ No _____

3.) **Employer** _____

Phone _____ Contact Name _____

Address _____

Position Held _____

Duties _____

Wage _____ Start Date _____ End Date _____

Reason for Leaving _____

May we contact? Yes _____ No _____

Applicant Statement: I certify that all information I have provided is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all past employers (except where applicant has expressly denied permission to contact) licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any all rights and claims I may have regarding the employer, its agent, employees or representatives for seeking, gathering and using truthful and non-defamatory information in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

If hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the right to terminate my employment at any time, with or without cause and with or without prior notice except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the U.S. and the federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment or (ii) may result in my immediate discharge from the employer's service whenever it is discovered.

I certify that I have read, fully understand and accept all terms of the forgoing Applicant Statement.

Applicant Signature _____

Date _____