



DESIGNER'S DENN

Salon & Spa

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

Today's Date _____

PERSONAL INFORMATION

Name (Last, first)		SSN		
Present Address	Apt. No.	City	State	Zip
Are you 18 years or older?	Phone number	Have you ever been convicted of a felony or misdemeanor? If yes, please explain.		
Email Address				

DESIRED EMPLOYMENT

Position				
<input type="checkbox"/> Administrative	<input type="checkbox"/> Stylist	<input type="checkbox"/> Massage therapist	<input type="checkbox"/> Nail Technician	
<input type="checkbox"/> Front Desk	<input type="checkbox"/> Colorist	<input type="checkbox"/> Esthetician	<input type="checkbox"/> Salon/Spa Assistant	
Date you can start		Salary/hours desired		
Applying for:		Hours Available		Hours/Days not available
<input type="checkbox"/> Full time	<input type="checkbox"/> Mornings	<input type="checkbox"/> Saturdays		
	<input type="checkbox"/> Afternoons			
<input type="checkbox"/> Part time	<input type="checkbox"/> Evenings			
Are you employed now?	If so, may we inquire of your present employer?	Ever applied or worked at DD before?		
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No		
Who referred you to DD for possible employment?				
<input type="checkbox"/> Friend	<input type="checkbox"/> Internet	<input type="checkbox"/> Walk in		
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Employee _____	<input type="checkbox"/> Other		

Education	Name/Location	No. years attended	Did you graduate?	Subjects studied
Highschool				
College				
Trade/other				

GENERAL

Subjects of special study or research work
Special Training
Special skills

EMPLOYMENT HISTORY (Please list your 3 most recent employers)

Name of present or last employer				
Address		City	State	Zip
Starting Date	Leaving Date	Job Title	Starting Pay	Ending Pay
Name of supervisor		Title	Phone	May we contact them
Description of work and responsibilities _____				
Reason for leaving or want to leave				

Name of present or last employer				
Address		City	State	Zip
Starting Date	Leaving Date	Job Title	Starting Pay	Ending Pay
Name of supervisor		Title	Phone	May we contact them
Description of work and responsibilities _____				
Reason for leaving or want to leave				

Name of present or last employer				
Address		City	State	Zip
Starting Date	Leaving Date	Job Title	Starting Pay	Ending Pay
Name of supervisor		Title	Phone	May we contact them
Description of work and responsibilities _____				
Reason for leaving or want to leave				

REFERENCES (Below, give names of 3 persons you are not related to, whom you have known at least 1 year.)

Name	Phone Number	Business	Years Acquainted
<hr/>			
<hr/>			

Authorization

"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 to 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 all 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 authorization 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 an authorized company representative.

Signature _____ **Date** _____