



Dante Salon & Wellness Spa

DATE _____

Name

Number, Street, City, State, Zip

Social Security No. _____ - _____ - _____

Telephone () _____

Position applied for _____

Salary desired _____

What are your career goals? _____

Days/hours available to work:

Sun _____

Thur _____

Mon _____

Fri _____

Tue _____

Sat _____

Wed _____

Sun _____

Can you work nights? _____

Employment History

Company: _____ Location _____

Job Title: _____ Supervisor's Name _____

Telephone _____ May we contact your employer? _____

Dates of Employment? _____ to _____

Reason for leaving _____

Company: _____ Location _____

Job Title: _____ Supervisor's Name _____

Telephone _____ May we contact your employer? _____

Dates of Employment? _____ to _____

Reason for leaving _____

Company: _____ Location _____

Job Title: _____ Supervisor's Name _____

Telephone _____ May we contact your employer? _____

Dates of Employment? _____ to _____

Reason for leaving _____

Education & Training

High School Name: _____ Completed? _____ Yes _____ No _____ GED

Trade School & Location: _____
License#: _____ State Issued: _____

List the services and area(s) in which you currently have training or experience:

List the area(s) in which you would like additional training or experience:

Tell Us About You!

If you are hired, can you show proof of eligibility to work in the US _____ Yes _____ No

Have you ever been terminated or asked to resign from a previous employer?
_____ Yes _____ No

Please Explain: _____

Have you ever been convicted of a crime that may relate to the position for which you are applying? (Note: Conviction does not necessarily bar employment) ____Yes____No

If yes, explain: _____

Personal References

(Please list three references)

Name: _____ Phone #: _____

Relationship: _____

Name: _____ Phone #: _____

Relationship: _____

Name: _____ Phone #: _____

Relationship: _____

Please Read & Sign

Qualified applicants are considered for all positions without regard to race, color, religion, creed, sex, age, national origin, marital or veteran status, disability, or any other reason prohibited by federal or local law.

I acknowledge my responsibility to fully complete this application form. I authorize investigations of statements made herein. I understand that misrepresentation of omission of facts called for any result in my termination, if employed.

If I become an Employee, I agree to conform to the policies of the Company. I certify that the facts set forth in this employment application and any accompanying information are true and complete to the best of my knowledge. I authorize representatives of this Company to contact my previous employer(s) and references listed to obtain information regarding my employment history.

Signature: _____ Date: _____