



Application for Employment

\*\*Please print information\*\*

SS# \_ \_ - \_ - \_ - \_ - \_ -

Personal information

Name (First, Middle, Last) Date of Application:

Present Address City: State: Zip:

Previous Address City: State: Zip:

Home Phone: Other Phone

Emergency Contact info:

What position are you applying for:

Why have you chosen to apply at Selah ?

Why do you feel you would be an asset to Selah?

Are you a licensed ? # State

If so have you attended Advance training? Yes No

Please list any advanced training

Have you held any leadership positions? I.e. school, employment, clubs etc..

If so, describe

What are some of your goals?

What are some of the goals that you hope to achieve within the next year?

What has prevented you from achieving these goals to date?

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If you were able to qualify for this opportunity, would any of the below be a problem and why?

❖ Scheduled hours once we have decided your schedule? Yes\_\_\_\_ No\_\_\_\_

❖ Working weekends Yes\_\_\_ No \_\_\_\_ If Yes

Why?\_\_\_\_\_

❖ Working evenings Yes\_\_\_ No \_\_\_\_ If Yes

Why?\_\_\_\_\_

❖ Show up to work on time? Yes\_\_\_ No \_\_\_\_ If Yes

❖ Why?\_\_\_\_\_

❖ Training classes outside of working hours? Yes\_\_\_\_ No\_\_\_\_ If Yes

Why?\_\_\_\_\_

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❖ Providing own model for classes? Yes\_\_\_No\_\_\_\_

❖ Why?\_\_\_\_\_

❖ Standing on feet? Yes\_\_\_\_ No \_\_\_\_ If Yes Why?

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Are you applying for a job or a career? Job\_\_\_\_ Career\_\_\_\_

Why?\_\_\_\_\_

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If licensed, of the services we offer which do you not feel qualified to perform?\_\_\_\_\_

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What do you consider your strongest points?

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What do you consider your weakest points?

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What method of transportation will you use to get to Selah Salon and Day Spa?

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## Education -

High School \_\_\_\_\_ #of years attended \_\_\_\_\_

Graduate? \_\_\_\_\_ Year \_\_\_\_\_

Subjects studied \_\_\_\_\_

College/ University /other \_\_\_\_\_

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Graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes month/year

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If not \_\_\_\_\_ # hours To Date

## Employment history starting with the last one first

▪ **Business Name** \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ phone \_\_\_\_\_

Dates employed \_\_\_\_\_ to \_\_\_\_\_

Supervisors Name \_\_\_\_\_

Job Title \_\_\_\_\_

Final rate of pay \_\_\_\_\_

Responsibilities \_\_\_\_\_

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Reason for leaving \_\_\_\_\_

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▪ **BusinessName** \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ phone \_\_\_\_\_

Dates employed \_\_\_\_\_ to \_\_\_\_\_

Supervisors Name \_\_\_\_\_

Job Title \_\_\_\_\_

Final rate of pay \_\_\_\_\_

Responsibilities \_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

\_\_\_\_\_

▪ **Business Name** \_\_\_\_\_ **Address** \_\_\_\_\_

\_\_\_\_\_

Dates employed \_\_\_\_\_ to \_\_\_\_\_

Supervisors Name \_\_\_\_\_

Job Title \_\_\_\_\_ Final rate of pay \_\_\_\_\_

Responsibilities \_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you employed now? Yes \_\_\_ No \_\_\_

If yes can we contact your employer? Yes \_\_\_ No \_\_\_

Have you ever been convicted of a crime? Yes \_\_\_ No \_\_\_

If so, when? \_\_\_\_\_

If so what for? \_\_\_\_\_

### 3 References not related to you

Name	Phone	Business	#Years known
1. _____			
2. _____			
3. _____			

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 could be grounds for dismissal. I authorize investigation of all statements and agree references listed above may give any

information regarding my fitness for employment. I release all parties from all liability for any damage that may result from furnishing this information.

Signature \_\_\_\_\_ Date \_\_\_\_\_