



Nicholas Jay

Salon & Spa Academy

120 Holly Street, Nampa, ID 83686 208.465.7660

APPLICATION FOR EMPLOYMENT

Name _____
Last First Middle

Present Address _____
Street City State Zip Code

Telephone (H) _____ (W) _____

Social Security No. _____
(SSN is not required)

Are you seeking: [] Full time [] Part-time Required Wage: _____ Desired Wage: _____

How did you learn of this opening: _____ Date available for work: _____

Have you ever applied or worked for our company before: ___ Yes ___ No

If yes, explain: _____

Are you at least 18 years of age: ___ Yes ___ No

In the past 5 years, have you been convicted of a felony? ___ Yes ___ No

Is yes, explain: _____

(A conviction (s) is not necessarily an exclusion from consideration for employment).

EDUCATION

High School: _____

Circle highest grade completed: 9th 10th 11th 12th

College: _____

Business/Trade: _____

Certificate/Degrees/Seminars/Other: _____

LIST ANY PROFESSIONAL MEMBERSHIPS:

EMPLOYMENT HISTORY

List present or last employer first

1. EMPLOYER: _____ Address: _____ _____ Supervisor: _____ Supervisor's Title: _____ Telephone: _____ Employed From: _____ to _____ Starting Salary: _____ Per: _____ _____	Your Job Title: _____ Describe Your Work: _____ _____ _____ _____ Reason for leaving: _____ _____
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2. EMPLOYER: _____ Address: _____ _____ Supervisor: _____ Supervisor's Title: _____ Telephone: _____ Employed From: _____ to _____ Starting Salary: _____ Per: _____ _____	Your Job Title: _____ Describe Your Work: _____ _____ _____ _____ Reason for leaving: _____ _____
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3. EMPLOYER: _____ Address: _____ _____ Supervisor: _____ Supervisor's Title: _____ Telephone: _____ Employed From: _____ to _____ Starting Salary: _____ Per: _____ _____	Your Job Title: _____ Describe Your Work: _____ _____ _____ _____ Reason for leaving: _____ _____
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PLEASE READ BEFORE SIGNING:

I authorize the release of any job-related information that this company may request from the above sources (past employers). I will hold no person, corporation or organization liable for my giving or it's receiving information.
 ___ Yes ___ No

I understand that I may be required to pass a drug test and that failure to pass the drug test will result in termination of employment, if hired. If a drug test is performed I authorize release of said information to my employer.

The information supplied by me in this application is complete and true to the best of my knowledge and belief. I understand that my misstatement of material facts will cause forfeiture of all my rights to any employment or result in dismissal from employment, if hired.

I have read and agree to the above and hereby certify that the facts I have provided are true and complete.

 Signature of Applicant

 Date