



Employment Application

PERSONAL INFORMATION

Position Applied For: Stylist Massage Therapist Esthetician Front Desk

Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ State _____ Zip Code _____

Telephone Number: Mobile _____ Work _____ Home _____

Social Security Number _____

Are you legally eligible to work in the United States? Yes No

(Proof of eligibility will be required upon offer of employment)

Are you over 18 years of age? Yes No

How did you hear about us? _____

Are you a licensed cosmetologist? Yes No

Are you a licensed massage therapist? Yes No

Are you a licensed nail technician? Yes No

State _____

License # _____

(This does not apply for Front Desk applicants)

What salary or rate of pay do you expect to receive if you are employed?

What date are you available to start?

EDUCATION HISTORY

Name & Location	Years Attended	Subjects Studied	Graduated?
High School			
College/Trade			
College/Trade			

Please list any academic honors, scholarships, offices held, and special skills we should know about.

EMPLOYMENT HISTORY (Please begin with your most recent employer. Do not exclude any employment. Attach another sheet if necessary)

If currently employed, may we contact your present employer? Yes No

Most Recent

Company Name _____

Company Address _____

Company Phone Number _____ Supervisor Name & Title _____

Employment Dates (from and to) _____ Rate of Pay (start and end) _____

Position and Responsibilities _____

Reason for Leaving/Explanation _____

Previous

Company Name _____

Company Address _____

Company Phone Number _____ Supervisor Name & Title _____

Employment Dates (from and to) _____ Rate of Pay (start and end) _____

Position and Responsibilities _____

Reason for Leaving/Explanation _____

Please provide any other information you feel will help us in considering your application for employment.

In a few words or sentences, what is it that you love about this service industry? _____

REFERENCES (Please list two persons, who are not related to you or previous supervisors, who can provide professional references.)

Name	Address	Phone	Relationship/Occupation	Years Known

Have you been convicted of a felony with the last 7 years? Yes No

Note: Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain _____

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation, or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Cura Salon & Spa LLC, that such employment with Cura Salon & Spa LLC, for no specified duration and may be terminated by either Cura Salon & Spa LLC or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Cura Salon & Spa LLC or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of Cura Salon & Spa LLC, except the Owner, has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing

statements and that any such agreements must be made in writing and signed by the Owner of Cura Salon & Spa LLC.

I hereby authorize Cura Salon & Spa LLC to contact any and all former employers, personal references, and private or public agencies name in this application to obtain any job related information they may have regarding my employment and/or character. I hereby release all parties and persons connected with any such request for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date

(Please print this application and return completed in-person or by mail)