

APPLICATION FOR EMPLOYMENT

Classy Nails Spa & Sen Brows

2070 Crown Plaza Dr. Columbus, OH 43235

(614) 505-9999

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NO.
ADDRESS		CITY	STATE
ZIP			
D.O.B.	PHONE NO.	EMAIL ADDRESS	
/ /			

EMPLOYMENT DESIRED

DATE OF APPLICATION	DESIRED POSITION	DATE AVAILABLE TO START				
/ /		/ /				
DESIRED EMPLOYMENT	DESIRED HOURS A WEEK	DESIRED SALARY				
☐ FULL TIME ☐ PART TIME ☐ SEASONALLY						
WHAT HOURS ARE YOU AVAILABLE TO WORK?						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
ARE YOU LEGALLY ELIGIBLE OR AUTHORIZED TO WORK IN THE U.S.?						
☐ YES ☐ NO						
HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES ☐ NO. IF YES, PLEASE EXPLAIN:						

EDUCATION

SCHOOL	FROM (MM-YY)	TO (MM-YY)	DID YOU GRADUATE?
LOCATION	TYPE OF DEGREE OR DIPLOMA		
SCHOOL	FROM (MM-YY)	TO (MM-YY)	DID YOU GRADUATE?
LOCATION	TYPE OF DEGREE OR DIPLOMA		
SCHOOL	FROM (MM-YY)	TO (MM-YY)	DID YOU GRADUATE?
LOCATION	TYPE OF DEGREE OR DIPLOMA		

EMPLOYMENT HISTORY (MOST RECENT FIRST)				
EMPLOYER		POSITION		SALARY
FROM (MM-YY)		TO (MM-YY)		
COMPANY ADDRESS		CITY	STATE	ZIP CODE
SUPERVISOR'S NAME	SUPERVISOR'S POSITION		CONTACT INFORMATION	
REASON FOR LEAVING: <div> ☐ CURRENTLY EMPLOYED HERE </div>				
EMPLOYER		POSITION		SALARY
FROM (MM-YY)		TO (MM-YY)		
COMPANY ADDRESS		CITY	STATE	ZIP CODE
SUPERVISOR'S NAME	SUPERVISOR'S POSITION		CONTACT INFORMATION	
REASON FOR LEAVING: <div> ☐ CURRENTLY EMPLOYED HERE </div>				
EMPLOYER		POSITION		SALARY
FROM (MM-YY)		TO (MM-YY)		
COMPANY ADDRESS		CITY	STATE	ZIP CODE
SUPERVISOR'S NAME	SUPERVISOR'S POSITION		CONTACT INFORMATION	
REASON FOR LEAVING: <div> ☐ CURRENTLY EMPLOYED HERE </div>				

PROFESSIONAL REFERENCES
(YOU MAY ALSO ATTACH A REFERENCE SHEET)

FIRST NAME		LAST NAME	
COMPANY AND POSITION		CONTACT INFORMATION	
COMPANY ADDRESS	CITY	STATE	ZIP CODE

FIRST NAME		LAST NAME	
COMPANY AND POSITION		CONTACT INFORMATION	
COMPANY ADDRESS	CITY	STATE	ZIP CODE

FIRST NAME		LAST NAME	
COMPANY AND POSITION		CONTACT INFORMATION	
COMPANY ADDRESS	CITY	STATE	ZIP CODE

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.

Signature: _____ Date: _____