

PERSONAL INFORMATION

Full Name: _____ Date: _____

Home Phone: _____ Cellular: _____

Email _____ Social Security # : _____

Address: _____

State: _____ City: _____ Zip: _____

Are you under the age of 18? Yes No

Are you authorized to work in the U.S. on an unrestricted basis? Yes No

Are you currently a student? Yes No If yes, where? _____

Circle the last grade completed in high school: 9 10 11 12 GED

Name and Location of high school _____

Circle last year of college, trade or vocational school completed: 1 2 3 4 Graduated? Yes No

Name and Location of college, trade or vocational school: _____

Major/Area of Study/Degree/License: _____

What position you are applying for: (Circle One) Stylist Manicurist Esthetician Massage Therapist Receptionist Other _____

WORK HISTORY List all employers, beginning with your current or most recent employer. If necessary, attach additional sheets.

COMPANY INFORMATION	SUPERVISOR INFORMATION	JOB TITLE & DUTIES	EMPLOYMENT DATES	REASON FOR LEAVING
Name: _____ Address: _____ _____	Name: _____ Phone: _____ May we contact? _____		From: To:	
Name: _____ Address: _____ _____	Name: _____ Phone: _____ May we contact? _____		From: To:	
Name: _____ Address: _____ _____	Name: _____ Phone: _____ May we contact? _____		From: To:	

EMPLOYMENT DESIRED

Date you can start: _____

Salary Desired: _____

Maximum Hours available per week: _____

Why would you like to work at Changes? _____

Are you able to perform the essential functions of the job with or without a reasonable accommodation? _____

If you answered "No", please describe the function(s) you are unable to perform with or without a reasonable accommodation: _____

Have you ever applied here before? Yes No

REFERENCES

Give below the names of three persons not related to you, whom you have known at least one year.

Name: _____

Address: _____

Phone: _____ Years Acquainted: _____

Occupation: _____

Name: _____

Address: _____

Phone: _____ Years Acquainted: _____

Occupation: _____

Name: _____

Address: _____

Phone: _____ Years Acquainted: _____

Occupation: _____

AVAILABILITY

	Earliest time you are available to work	Latest time you are available to work
SUN		
MON		
TUES		
WED		
THUR		
FRI		
SAT		

If hired, the hours you have listed will be taken into consideration in our scheduling process (hours are subject to change).

STATEMENT

To the best of my knowledge, the information I have provided and the statements I have made in this application are correct and complete. I authorize Changes Salon and Day Spa to communicate with my former employers, school officials, and persons named as references. I hereby release Changes Salon and Day Spa and such employers, schools, and individuals from any liabilities whatsoever for damages resulting from the exchange of such information.

Signature _____

Date _____

FOR OFFICE USE

Date Received: _____

By: _____

Application Number: _____

DISP: _____ PROF: _____

GRET: _____ APEA: _____

Phone Interview Date: _____

1st Interview Date: _____

Technical Interview Date: _____

Final Interview Date: _____

Notes:



APPLICATION FOR EMPLOYMENT

1475 N. Broadway
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Fax (925) 947-1235
www.changessalon.com

NAME

DESIRED POSITION