

PEPPER'S

SALON SPA

3806 9th St. S. W. #A, Puyallup, WA 98373 253.841.4247

Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position (s) Applied For	Today's Date
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How Did You Learn About Us?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Walked In	Friend (who?) _____
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Other	Relative (who?) _____

Last Name	First Name	Middle Initial
Address <i>Street</i> _____ <i>City</i> _____ <i>State</i> _____ <i>Zip Code</i> _____		
<i>Preferred Phone #</i> _____	<i>Message Phone#</i> _____	<i>E-mail Address:</i> _____

Please note, we will contact you by phone regarding your application. If you prefer text or email, I

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes

Have you ever filed an application with us before? Yes

Are you currently employed? Yes

May we contact your present employer? Yes

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes

On what date would you be available to work? _____

Are you currently on "Lay Off" status and subject to recall? Yes

Do you have dependable transportation? Yes

Have you been convicted of a felony within the last 7 years? Yes

Do you have a current Washington State Cosmetology, Esthetics or Manicuring license? Which, if any? Yes No _____

Education

	Name, City and State of School	Years Attended	Diploma
Middle or Junior High			
High School			
Trade School			
College			
Other			

Start with your present or last job:

Employer		Work Performance
Address of Place of Employment		
Telephone Number		
Job Title	Supervisor	
Reason for Leaving/ Date of Employment		
Employer		Work Performance
Address of Place of Employment		
Telephone Number		
Job Title	Supervisor	
Reason for Leaving/ Date of Employment		
Employer		Work Performance
Address of Place of Employment		
Telephone Number		
Job Title	Supervisor	
Reason for Leaving/ Date of Employment		

Any other jobs you've been employed with other than listed above?

List here: _____

References

1)	(Name)	(Address, if known)	(relationship)
2)	(Name)	(Address, if known)	(relationship)
3)	(Name)	(Address, if known)	(relationship)
Please state any information you feel may be helpful to us in considering your application.			

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

We will not contact you by text messaging.

We will, however, contact you by phone to follow up with your application and information. We will connect at least two times and if we do not get a response from you, via telephone, we assume you have found other employment. Please initial that you have read the above

Initials of Applicant

Notes: _____



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No ____

No ____

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