

GODIVA SALON

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE PAGES 1-4. DATE _____

Name _____
Last First Middle

Present address _____
Number Street City State Zip

Telephone (____) _____ Other Phone (____) _____

If under 18, please list age _____

Position applied for (1) _____ Days/hours available to work _____

Salary desired (2) _____ (Be specific) No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired _____ FULL-TIME ONLY _____ PART-TIME ONLY _____ FULL- OR PART-TIME

When available for work? _____

TYPE OF SCHOOL NAME OF SCHOOL LOCATION

| Type of School | Name of School | Location (City, State) | Number of Years Completed | Major/Degree Concentration/Certification |
|---------------------|----------------|------------------------|---------------------------|--|
| High School | | | | |
| College | | | | |
| Bus./Trade School | | | | |
| Professional School | | | | |
| Additional Edu. | | | | |

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ___ No ___ Yes
 If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

APPLICATION FOR EMPLOYMENT

Please list two references other than relatives or previous employers.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone (____) _____

Telephone (____) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

[Large empty rectangular box for summarizing qualifications]

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? _____ Yes _____ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? _____ Yes _____ No

Specialty _____ Date Entered _____ Discharge Date _____

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Work Experience

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give company name. **Attach additional sheets if necessary.**

| | | | |
|------------------------|---------------------------|-------------------------|----------------------|
| Name of employer _____ | Name of Supervisor | Employment Dates | Pay or Salary |
| Address _____ | | From To | Start Final |
| City, State, Zip _____ | | | |
| Phone (____) _____ | Job Title | | |

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

| | | | |
|------------------------|---------------------------|-------------------------|----------------------|
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| Address _____ | | From To | Start Final |
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| | | | |
|--|---------------------------|-------------------------|----------------------|
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| | | From To | Start Final |
| | Job Title | | |
| Reason for leaving (be specific) | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | |

| | | | |
|--|---------------------------|-------------------------|----------------------|
| Name of employer _____ Address _____ City, State, Zip _____ Phone (____) _____ | Name of Supervisor | Employment Dates | Pay or Salary |
| | | From To | Start Final |
| | Job Title | | |
| Reason for leaving (be specific) | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | |