



# Employment Application Form

Please print all information requested except for signature

Application for Employment  
Applicants may be tested for illegal drugs

Please complete Pages 1-5. Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present address \_\_\_\_\_  
Number Street City State Zip

How long \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ If under 18, list age \_\_\_\_\_

Position applied for (1) \_\_\_\_\_ Days/hours available to work  
and salary desired (2) \_\_\_\_\_ No preference \_\_\_\_\_ Thursday \_\_\_\_\_  
(Be specific) Monday \_\_\_\_\_ Friday \_\_\_\_\_  
Tuesday \_\_\_\_\_ Saturday \_\_\_\_\_  
Wednesday \_\_\_\_\_ Sunday \_\_\_\_\_

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? \_\_\_\_\_ Please list any days in the next 3 months when you are unavailable to work:  
\_\_\_\_\_  
\_\_\_\_\_

Person to be notified in case of emergency: \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (COMPLETE MAILING ADDRESS)	NUMBER OF YEARS COMPLETED	MAJOR DEGREE
High School				
College				
Business or Trade School				
Professional School				

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.

\_\_\_\_\_  
\_\_\_\_\_

What skills/experience do you bring to us?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your definition of excellent customer service?

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### Application for Employment

**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 firm name. Attach additional sheets if necessary.

Name of employer	Name of last supervisor	Employment dates	Pay or salary
Address		From:	Start:
City, State, Zip		To:	Final:
Phone number	Your last 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	Name of last supervisor	Employment dates	Pay or salary
Address		From:	Start:
City, State, Zip		To:	Final:
Phone number	Your last 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:			

May we contact your present employer?  Yes  No

Did you complete this application yourself?  Yes  No

If not, who did?

Do you have a current drivers license?  Yes  No

Please list two references other than relatives or previous employers:

1.	2.
Name:	Name:
Position:	Position:
Company:	Company:
Address:	Address:
Phone:	Phone:

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by \_\_\_\_\_ (hereinafter called 'the Company'), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of \_\_\_\_\_, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/General Manager of the Company. Both the undersigned and \_\_\_\_\_ may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references and others, and hereby release the Company from any liability as a result of such contract.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

Signature of application \_\_\_\_\_ Date: \_\_\_\_\_

This Company is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

**PRE-EMPLOYMENT QUESTIONNAIRE**  
An Equal Opportunity Employer

DATE: \_\_\_\_\_

Name (Last, First)		Social Security Number
Current Address Street, City, State, Zip		
Permanent Address		
Phone Number		
Person to be notified		

Have you ever been known by another name? If yes, please list name(s) _____	YES	NO
Have you ever been convicted of a felony crime? If yes, please explain: _____	YES	NO
Have you ever been employed by this studio/company? If yes, list location and dates: _____	YES	NO
Are you related to anyone in our employ? If yes, list name and location: _____	YES	NO
Can you perform the essential functions of the position for which you're applying with or without reasonable accommodations?	YES	NO
Do you have reliable transportation to get to and from work?	YES	NO

Why would you consider leaving your current employer? _____
Why choose our studio? _____
What skills/experience do you bring us? _____
What is your definition of excellent customer service? _____
Are there any accomplishments of which you are especially proud? _____

**AVAILABILITY (Please see hours of operation)**  
Please list the times you are available to work:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Please list any dates in the next three months in which you are unable to work:

\_\_\_\_\_

<b>PERSON TO BE NOTIFIED IN CASE OF EMERGENCY</b>	
Name _____	Phone number _____
Address: _____	Relationship: _____