

Internal Only
 Application Date _____ Application No. _____

APPLICATION FOR EMPLOYMENT

Thank you for your interest in employment with La Vie Nails & Spa. We consider all applicants for positions and do not discriminate on the basis of any unlawful criteria. Employment with our company is at the will of the employee and the Company.

IMPORTANT INSTRUCTIONS/INFORMATION FOR APPLICANTS

- Please **PRINT** all information with the exception of your signature. If you have a current **RESUME**, please attach to this application.
- You **MUST** complete this application **IN FULL** (i.e. no "resume attached"). Make sure that all the information you supply is correct and complete. Failure to do so may result in disqualification or termination of employment.
- Read carefully the Authorization and Applicant Statement section on the last page, and sign and date where indicated.

GENERAL INFORMATION

First Name	Middle Name	Last Name	Social Security #
Current Address	City	State	Zip
Current Phone # (w/ Area Code)			
Former Address	City	State	Zip
Alternate/Cell Phone # (w/ Area Code)			
List ALL Former Names	Other Phone # (w/ Area Code)		
Do you currently possess a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what State? _____			E-mail Address
What is your Driver's License No.? _____			
Do you have any friends or relatives employed by La Vie Nails & Spa? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify their: name, relationship to you, and position.			
Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you are under 18 years of age, can you provide required proof of eligibility to work? <input type="checkbox"/> Not Applicable (over 18 years of age) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Criminal Convictions – Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list ALL crimes, including misdemeanors, of which you have been convicted or to which you have pled guilty with the exception of minor traffic violations (i.e. expired parking meter, speeding tickets, etc.) You must include DUI and Reckless Driving convictions. Do not list any crimes for which you were arrested but not convicted. Note: A conviction will not necessarily disqualify you from employment.			

Position Applying For (Please check ONE only) <input type="checkbox"/> Client Coordinator <input type="checkbox"/> Receptionist <input type="checkbox"/> Nail Technician <input type="checkbox"/> Esthetician <input type="checkbox"/> Other	Date available for work	Please check ALL applicable services that you provide: Nail Tech: <input type="checkbox"/> Manicure <input type="checkbox"/> Pedicure <input type="checkbox"/> Acrylic/Gels Esthetic: <input type="checkbox"/> Make-Up <input type="checkbox"/> Hard Wax <input type="checkbox"/> Soft Wax <input type="checkbox"/> Facials <input type="checkbox"/> Wraps Stylist: <input type="checkbox"/> Cut <input type="checkbox"/> Color <input type="checkbox"/> Perm <input type="checkbox"/> Relaxer <input type="checkbox"/> Upstyles <input type="checkbox"/> Make-up <input type="checkbox"/> Extensions: Type _____
How did you find out about employment opportunities at La Vie Nails & Spa? If you were referred by a current employee, please list the name.		
List any courses or training you have experienced that would be useful to the position you are seeking. (i.e., have used AVEDA products or Salon Biz software or have had experience as a manager or as an educator.)		

EDUCATION

Education	School Name and Location	Dates Attended (Month/Year)	Graduation (Month/Year)	Degree/GPA
High School			Graduated or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College		From To	Date Did not Graduate <input type="checkbox"/>	
Cosmetology or Other		From To	Date Did not Graduate <input type="checkbox"/>	

If applicable, do you have an Wisconsin State Board of Cosmetology License? Yes No (Please attach a copy of your license with this application.)

Do you have a Cosmetology License from another State? Yes No (Please attach a copy of your license with this application.)

If you are currently enrolled in Cosmetology School, when is your anticipated graduation date? _____

CURRENT AND PREVIOUS EMPLOYMENT

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so may we inquire of your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Employer (current or most recent)	City, State	Area Code/Phone #	Job Title / Position
Supervisor's name / Contact Person	Dates Employed (month/year) From To	Base Salary (specify per hour, month, or year) Start \$ Final \$	
Primary Responsibilities / Duties		Reason for Leaving	

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WORK AVAILABILITY

La Vie Nails & Spa hours of operation are: Monday – Friday 9:00 a.m. to 7:30 p.m. Saturday 9:00 a.m. to 5:30 p.m Sunday from 11:00 a.m. to 5:00 p.m.

- Please indicate the hours of availability for each work day. (If you are not available to work for any specific day, please indicate N/A)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

AUTHORIZATION AND APPLICANT STATEMENT

If you are to be hired by the Company, you will be required to attest to your Identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation of this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned upon a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosures. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment I agree to submit to a medical examination (if requested) and drug test before starting work. If employed, I also agree to submit to medical examination or drug test at any time deemed appropriate by the Company as permitted by law. I consent to such examinations, tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired, a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate that there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies and procedures, in whole or in part, at any time.

Signature _____

Date _____