



APPLICATION FOR EMPLOYMENT

APPLICANT INFORMATION

Last Name		First		M.I.		Date	
Street Address				Apartment/Unit #			
City			State		ZIP		
Phone			E-mail Address				
Date Available			Social Security No.			Salary Expectations	
Position Applied for				Employment Desired	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		
Are you currently under a non-competition agreement or any other agreement which could impact your ability to fully perform your responsibilities if hired?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S. without sponsorship?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of a crime that has not been expunged by a court?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain below (when, nature of offense, conviction, etc.)				

EDUCATION

High School				Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College				Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other				Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		

REFERENCES

Please list three professional references.

Full Name			Job Title		
Company			Phone		
Address					
Full Name			Job Title		
Company			Phone		
Address					
Full Name			Job Title		
Company			Phone		
Address					



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PREVIOUS EMPLOYMENT

Please list your work experience for the past five years beginning with the most recent. Attach additional sheets if necessary.

Company				Phone		
Address				Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company				Phone		
Address				Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company				Phone		
Address				Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

MILITARY SERVICE

Branch				From		To	
Rank at Discharge				Type of Discharge			
If other than honorable, explain							

SKILLS AND CERTIFICATIONS

Please list all your relevant skills and certifications for the position you are applying for.



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PLEASE READ CAREFULLY

APPLICATION DISCLAIMER AND SIGNATURE

In exchange for the consideration of my job application by Snips Salon & Spa, (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 the Company, 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 Owner of the Company. Both the undersigned and the Company 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 may include reduction in benefits.

I hereby certify that the above information, to the best of my knowledge, is correct. 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 also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

Signature		Date	
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Snips is an Equal Employment Opportunity (EEO) employer. It is the policy of the Company to provide equal employment opportunities to all qualified applicants without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, protected veteran or disabled status, or genetic information, or any other characteristic protected by law.

Thank you for completing this application form and for your interest in our business.