## Ibi David Salon-Spa Employment Application Form

#### PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

#### APPLICATION FOR EMPLOYMENT

### APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLE	TE PAGES 1-3		DATE		
Name					
	Last	First	Middle	Maiden	
Present address _					
	Number	Street	City State 2	Zip	
How long		Social Security No			
Telephone ()					
If under 18, please	list age				
	r (1) (2)		Mon Tue	ble to work Thur Fri Sat Sun	
How many hours can you work weekly?		Can you work nights?			
Employment desire	ed GFULL-TIME ONLY			OR PART-TIME	
When available for	work?				

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?

🖵 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.

🗆 No

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	APPLIC	ATION F	OR EMPLO	YMENT			
DO YOU HAVE A DRIVER¢ LICE	NSE? D Yes	🛛 No					
What is your means of transportation	on to work?						
Driveros license number	State o	ofissue		Operator		mercial (CDL)	□Chauffeur
Expiration date							
Have you had any accidents during Have you had any moving violatior		-		How many? How Many?			
		-	CE ONLY				
, , , , , , , , , , , , , , , , , , ,	_WPM	10-key		Word Proces	-		WPM
Personal I Yes PC Computer I No Mac							
Please list two references other that	an relatives or prev	vious emp	oloyers.				
Name			Name				
Position			Position				
Company			Company	/			
Address			Address				
				<u> </u>			
Telephone ()			Telephor	ne <u>(</u>			
An application form sometimes ma space below to summarize any add which you are applying.	kes it difficult for a ditional information	n individu ו necessa	ial to adequ iry to descri	ately summari	ze a comp alifications	plete backgrou s for the specifi	nd. Use the

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APPLICATION FOR EMPLOYMENT					
MILI	TARY				
HAVE YOU EVER BEEN IN THE ARMED FORCES?	🗆 Yes 🗖 No				
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?					
Specialty Date Entered Discharge Date					
WorkPlease list your work experience for the past five years beginning with your most recent job held.ExperienceIf you were self-employed, give firm name.Attach additional sheets if necessary.					
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary		
City, State, Zip Code Phone number		From	Start		
		То	Final		
	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.

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