

Application for Employment

If you need help filling out this application or during any phase of the application, interview, or employment process, please notify the person who gave you this form and every reasonable effort will be made to accommodate your needs in a timely manner.

PERSONAL INFORMATION				
LAST NAME, FIRST NAME & MIDDLE INITIAL			SSN:	
STREET ADDRESS		CITY	STATE	ZIPCODE
MAILING ADDRESS (If different from above)		CITY	STATE	ZIPCODE
PHONE NUMBER	EMAIL ADDRESS		REFERRED BY	
POSITION APPLYING FOR		DESIRED START DATE	DESIRED SALARY	
HAVE YOU BEEN GIVEN A JOB DESCRIPTION OR HAD THE ESSENTIAL REQUIREMENTS OF THE POSITION EXPLAINED TO YOU? () YES () NO				
DO YOU UNDERSTAND THESE REQUIREMENTS? () YES () NO		CAN YOU PERFORM THE ESSENTIAL REQUIREMENTS OF THE POSITION WITH OR WITHOUT A REASONABLE ACCOMODATION? () YES () NO		
ARE YOU 18 YEARS OF AGE OR OLDER? () YES () NO		ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? () YES () NO		
HAVE YOU EVERY APPLIED AT THE WOODHOUSE DAY SPA? () YES () NO			IF YES, WHEN & WHERE?	

AVAILABILITY						
PLEASE CHECK ALL THAT APPLY:			FULL-TIME	PART-TIME	SEASONAL	
PLEASE CHECK THE DAYS YOU ARE AVAILABLE TO WORK & ENTER THE HOURS IN THE BOXES BELOW						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

EMPLOYMENT HISTORY				
EMPLOYER NAME, ADDRESS & PHONE NUMBER	POSITION	SUPERVISOR	REASON FOR LEAVING	DATES OF EMPLOYMENT
				TO:
				FROM:
				TO:
				FROM:
				TO:
				FROM:

Continue on other side

JOB SKILLS AND/OR QUALIFICATIONS
PLEASE LIST BELOW ANY SPECIAL SKILLS OR QUALIFICATIONS YOU POSSESS FOR THE POSITION FOR WHICH YOU ARE APPLYING:

EDUCATION & TRAINING HISTORY			
NAME & ADDRESS OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	DEGREE EARNED
HIGH SCHOOL			
COLLEGE/UNIVERSITY			
VOCATIONAL OR SPECIALIZED TRAINING			

REFERENCES			
PLEASE PROVIDE THE NAMES OF THREE (3) REFERENCE WHOM ARE NOT RELATED TO YOU AND HAVE KNOWN YOU FOR AT LEAST ONE (1) YEAR.			
NAME & ADDRESS	PHONE NUMBER	PROFESSION	YEARS KNOWN

The Woodhouse Day Spa considers applicants on the basis of qualifications and without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation, disability or any other legally protected status.

Employee Release and Privacy Statement

Please read the following carefully before signing.

I understand that Woodhouse Day Spa requires certain information about me to evaluate my qualifications for employment. Therefore, I authorize Woodhouse Day Spa to investigate my past employment, criminal background, educational credentials and other employment-related activities. I agree to cooperate in such investigations, and release those parties supplying such information to Woodhouse Day Spa from all liability or responsibility with respect to information supplied.

I understand that my employment with Woodhouse Day Spa is not for any fixed period of time and that, if employed, I may resign at any time for any reason or Woodhouse Day Spa may terminate my employment at any time for any reason, with or without cause.

I understand that Woodhouse Day Spa may ask me to provide supplemental information to assist with the background investigation, if such information cannot be verified through the standard background investigation process. I further understand that any false answers made by me on this application or any supplement thereto or in connection with the above-mentioned background check will be sufficient grounds for immediate discharge, if I am employed.

Applicant Signature(Please type)

Date