



APPLICATION FOR EMPLOYMENT

Name: _____ Date: _____
First M.I. Last

Address: _____
Street City State ZIP

Contact: () () _____
Home Phone Mobile Phone Email

Date of Birth: _____ Social Security No.: _____

Emergency Contact Name and Phone No.: _____

Position Desired: _____ Date Available: _____

How will you get to work: _____

Are you willing to work any shift, including nights and weekends? _____

If no, please state any limitations: _____

If hired, are you able to submit proof that you are legally eligible for employment in the U.S.? _____

Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? _____

List any skills that may be useful to the job you are seeking: _____

Education

High School Name, Address, City and State: _____ Did you Receive Diploma: _____

College Name, Address, City and State: _____ Degree Received: _____

Other Training and/or Professional License or Certifications: _____

Certification: I certify that the information provided on this application is truthful and accurate. I understand that providing false information will be the basis for rejection and/or termination. I hereby authorize Spa Lavender to contact former employers and educational organizations regarding my employment and education. X _____ Date: _____