

# A R T I K A

*m o d e r n / a r t i s t i c*

## Application for Employment

ARTIKA HairSpa is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, national origin, the presence of disability, sexual orientation, or any other basis prohibited by federal or state law.

Please complete the entire application.

### PERSONAL INFORMATION (please print)

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Middle Initial \_\_\_\_\_ Social Security Number \_\_\_\_\_

Are you less than 18 years of age? (circle) Y N

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or seals by court? A yes response does not automatically disqualify your application. (circle) Y N

Present Address: \_\_\_\_\_  
Street City State Zip

Permanent Address: \_\_\_\_\_  
Street City State Zip

Phone Numbers: Daytime \_\_\_\_\_ Evening \_\_\_\_\_

Referred by: \_\_\_\_\_

### EMPLOYMENT DESIRED

Position \_\_\_\_\_ Salary \_\_\_\_\_ Starting Date \_\_\_\_\_

Specify hours available for each day of the week. Specify AM or PM.

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

### EDUCATION

	Name and Address of School	Did you Graduate?	Degree
High School			
College			
Trade/Other			

## FORMER EMPLOYERS

List current and/or last three employers, starting with the most recent one first.

Dates Worked	Employer (Name & Address, Type of Business)	Wage	Position	Reason for Leaving

## REFERENCES

Give below the names of three professional references, who you have known for at least one year.

Name	Address & Phone Number	Business	Years Acquainted and How You Know This Person

I hereby authorize ARTIKA HairSpa to thoroughly investigate my background, references, employment record and any other matters related to my suitability for employment. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations contacted by ARTIKA HairSpa to provide any relevant information regarding my current and/or previous employment and I release all persons, schools, employers of any and all claims for providing such information. I understand that misrepresentation or omission of facts may result in rejection of this application, or if hired, discipline up to and including dismissal. I understand that I may be required to sign a confidentiality and/or non-compete agreement, should I become an employee of ARTIKA HairSpa. I understand that nothing contained in this application, or conveyed during any, interview which may be granted, is intended to create an employment contract. I understand that filling out this form does not indicate there is a position open and does not obligate ARTIKA HairSpa to hire me. I understand and agree that my employment is at will, which means that for no specified period and may be terminated by me or ARTIKA HairSpa at any time without prior notice for any reason. Applicant may omit any conviction for the possession of marijuana (except for the possession of marijuana on school grounds or possession of concentrated cannabis) that are more than two (2) years old, and any information concerning a referral to, and participation in, any pretrial or post trial diversion program.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_