

# Application for Employment



8355 N. Main Street, Eden, New York 14057  
716-992-4310

According to Title Number 7 of the Civil Rights Act of 1964; it is illegal to discriminate against applicants because of race, religion, color, sex, age or national origin. It is the policy of **John Robert's Salon & Spa** to select and place the best individual in the particular job opening without prejudice in regard to race, color, sex, national origin or handicap if otherwise qualified.

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Last Name (Please Print)                      First Name                      Middle Initial

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Street Address

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City State Zip Code

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( )                      ( )  
Home Telephone Number                      Emergency Number                      Person to Contact

Referred By: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**EMPLOYMENT DESIRED:**

Position: \_\_\_\_\_ Date You Can Start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are You Currently Employed? \_\_\_\_\_ May We Contact Your Employer? \_\_\_\_\_

Have you ever applied At John Robert's Salon & Spa Before? \_\_\_\_\_ When? \_\_\_\_\_

**EDUCATION:**

<i>GRAMMAR SCHOOL</i>	NAME & ADDRESS	MAJOR
_____	_____	_____
_____	_____	_____

_____	_____	_____
_____	_____	_____

_____	_____	_____
_____	_____	_____

*SUBJECTS OF SPECIAL STUDY OR TRAINING:*

_____
_____
_____

**FORMER EMPLOYERS:** List your last three employers starting with the most recent.

Month/Year	Name and Address	Salary	Position	Reason for Leaving
From _____ To _____	_____ _____	_____	_____	_____
From _____ To _____	_____ _____	_____	_____	_____
From _____ To _____	_____ _____	_____	_____	_____

**Reference:** List three references; (1) Former Employer and (2) Personal-Please **do not** list relatives.

Name	Address	Business	Years Acquainted
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**By signing this application I clearly understand and agree to the following: (1) that all statements are true and correct to the best of my knowledge, (2) no attempt has been made to conceal or withhold pertinent information, (3) I authorize an investigation of all statements with no liability and (4) any falsification or misrepresentation may be considered cause for termination.**

\_\_\_\_\_  
**Applicant Signature Date**