

**APPLICATION FOR
EMPLOYMENT**



154 East Central St
Natick, MA 01760
Phone: (508) 907-7171
Fax: (508) 907-7155
www.Jesamondo.com

PLEASE FILL OUT ALL INFORMATION COMPLETELY AND ACCURATELY.

PERSONAL INFORMATION:

Date _____ Date of Birth _____ Check this box if you are 18 years or older.

Name _____ Social Security Number: _____
Last First M.I.

Address _____
Street City, State Zip Code

How long at this address? _____ Cell Phone No. _____ Home Phone No. _____

How did you hear about our company? _____

Do you have any relatives or friends employed by Jesamondo Salon & Spa? _____

Have you been convicted of a state or federal felony? If yes, explain _____

Note: Conviction will not necessarily disqualify an applicant from employment.

Are you a citizen of the U.S. or do you have the legal right to work in the U.S.? Yes No

EMPLOYMENT DESIRED

Desired Position _____ Desired Hours/week _____

Start Date _____ Desired Salary _____

Availability:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open - Close	8:00a - 5:00p	8:00a - 8:00p	8:00a - 8:00p	8:00a - 8:00p	8:00a - 5:00p	8:00a - 5:00p
Hours Available						

EMPLOYMENT EXPERIENCE

Start with present or most recent.

Employer _____ Job Title _____
Supervisor _____ Supervisor's Phone No. _____
Reason for Leaving _____ Can we contact your previous supervisor? Yes No
Start Date _____ End Date _____ Compensation/Salary _____
Duties Performed _____

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Supervisor _____ Supervisor's Phone No. _____
Reason for Leaving _____ Can we contact your previous supervisor? Yes No
Start Date _____ End Date _____ Compensation/Salary _____
Duties Performed _____

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Supervisor _____ Supervisor's Phone No. _____
Reason for Leaving _____ Can we contact your previous supervisor? Yes No
Start Date _____ End Date _____ Compensation/Salary _____
Duties Performed _____

EDUCATION HISTORY

Name of High School _____ Location: _____
Year Started _____ Year of Graduation _____ Degree Earned _____
Other programs/Co-curricular/Notes _____

Name of Cosmetology School _____ Location: _____
Year Started _____ Year of Graduation _____ Degree Earned _____
Other programs/Co-curricular/Notes _____

Name of College or University _____ Location: _____
Year Started _____ Year of Graduation _____ Degree Earned _____
Other programs/Co-curricular/Notes _____

EDUCATION HISTORY (CON'T)

List all training classes, seminars, conferences, or other education you have completed. _____

ADDITIONAL NON-PROFESSIONAL REFERENCES

Name _____ Phone No. _____
Last First M.I.

Address _____
Street City, State Zip Code

Relationship _____

Name _____ Phone No. _____
Last First M.I.

Address _____
Street City, State Zip Code

Relationship _____

IDENTIFICATION

Driver's License Number _____ Expiration Date _____

Issuing Authority _____

READ CAREFULLY BEFORE SIGNING.

Jesamondo Salon, Spa & Boutique is an equal opportunity employer and does not unlawfully discriminate on the basis of race, sex, sexual orientation, age, color, religion, national origin, marital status, veteran status, disability status, or any other basis prohibited by federal, state or local law.

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Jesamondo Salon & Spa, that such employment with Jesamondo Salon & Spa is at will, for no specified duration and may be terminated by either Jesamondo Salon & Spa or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Jesamondo Salon & Spa or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of Jesamondo Salon & Spa except the owner has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the owner of Jesamondo Salon & Spa.

In consideration for employment with Jesamondo Salon & Spa, if employed, I agree to conform to the rules, regulations, policies and procedures of Jesamondo Salon & Spa at all times and understand that such obedience is a condition of employment. I understand that due to the nature of Jesamondo Salon & Spa's business, attendance and punctuality are considered essential requirements and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with Jesamondo Salon & Spa, I may be required to submit to a pre-employment drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize Jesamondo Salon & Spa to conduct such investigation of my application for employment including my work history and character,

as may be necessary in the agency's discretion. I authorize Jesamondo Salon & Spa to contact any and all former employers, personal references, and private or public agencies named in this application to obtain any job related information they may have regarding my employment and/or character. I hereby release all parties and persons connected with any such request for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information. I understand that falsification or pertinent omission of facts called for is grounds for termination.

I understand that this application is considered current for three months [90 Days]. If I wish to be considered for employment after this period I must fill out and submit a new application.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

SIGNATURE _____ DATE _____ NAME (PRINT) _____