

DOCUMENT DISCLAIMER COVER PAGE

The following pages contain a document that was originally created in the Interview of Family Lawyer.

This document was created in the Interview in the proper format and with the language necessary to ensure its validity when all of the required information has been entered completely.

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***EMPLOYMENT APPLICATION***

1.

Employer: MILLENNIUM NAIL AND DAY SPA  
Address: 2915 KERRY FOREST PARKWAY SUITE 606  
City/State/Zip: TALLAHASSEE, FL 32309  
Telephone: (850)894-4772

**\*PLEASE SUBMIT THIS APPLICATION IN PERSON AT THE ABOVE ADDRESS\***

It is the policy of MILLENNIUM NAIL AND DAY SPA to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

2.

Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Number of years at this address: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_  
  
Social Security Number: \_\_\_\_\_

3.

Who should be contacted if you are involved in an emergency?

Contact Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

4.

Job Position Applied For: \_\_\_\_\_

5.

Salary Desired: \$ \_\_\_\_\_ per \_\_\_\_\_

6.

Referral Source: Who referred you to our company?

\_\_\_\_\_

7.

Have you applied to our company previously? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when? \_\_\_\_\_

8.

Are you at least 18 years old? \_\_\_\_\_ Yes \_\_\_\_\_ No

9.

How will you get to work? \_\_\_\_\_

10.

Driver's License Number: \_\_\_\_\_

What state issued your license? \_\_\_\_\_

11.

Are you willing to work any shift, including nights and weekends? \_\_\_\_\_ Yes

\_\_\_\_\_ No

If no, please state any limitations:

\_\_\_\_\_

12.

If you are offered employment, when would you be available to begin work?

\_\_\_\_\_

13.

Are you legally eligible for employment in the United States? \_\_\_\_\_ Yes

\_\_\_\_\_ No

14.

Are you able to perform the essential functions of the job position with or without reasonable accommodation? \_\_\_\_\_ Yes \_\_\_\_\_ No  
What reasonable accommodation, if any, would you require?  
\_\_\_\_\_

15.

Applicant Employment History: List your current or most recent employment first.

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year): \_\_\_\_\_

16.

Applicant's Education and Training: List your education and training.

High School Name and Address  
\_\_\_\_\_

Last Grade? \_\_\_\_ 9 \_\_\_\_ 10 \_\_\_\_ 11 \_\_\_\_ 12      Diploma? \_\_\_\_\_ Yes \_\_\_\_\_  
No

College Name and Address  
\_\_\_\_\_

Did you receive a degree? \_\_\_\_\_ Yes    \_\_\_\_\_ No    If yes, degree received:  
\_\_\_\_\_

Other Training (graduate, technical, vocational):  
\_\_\_\_\_

Awards, Honors, Special Achievements:

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17.

Applicant's Skills: List any skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

Skill	Years of Experience	Abili
Rating		
_____	_____	1 2 3
4 5		
_____	_____	1 2 3
4 5		

18.

References: List any two people who would be willing to provide a reference for you.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

19.

Please provide any other information that you believe should be considered:

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**CERTIFICATION**

I certify that the information provided on this Application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my Application, or if employment commences, immediate termination.

I authorize MILLENNIUM NAIL AND DAY SPA to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its \_\_\_\_\_, the employment relationship will be entirely voluntary in nature. In other words, with appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer would have the same right. Moreover, no agent, representative, or employee of MILLENNIUM NAIL AND DAY SPA, except in a specific written contract of employment signed on behalf of the organization by its \_\_\_\_\_, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE