

## 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 & DAY SPA  
Address: 2915 KERRY FOREST PARKWAY SUITE #606  
City/State/Zip: TALLAHASSEE, Florida 32309  
Telephone: (850) 894-4772  
Fax: (850) 894-0526

It is the policy of MILLENNIUM NAIL & 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. Have you ever been convicted of any crime, including traffic violations?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please describe:

**THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF EMPLOYMENT.**

16. 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): \_\_\_\_\_

17. 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:

18. 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.)

Ability or Skill Rating	Years of Experience					
_____	_____	1	2	3	4	5
_____	_____	1	2	3	4	5

19. 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: \_\_\_\_\_

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

**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 & 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.

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

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

\_\_\_\_\_  
DATE