



Salon
&
Day Spa

CHANGES

Center for Well Being

1475 N. Broadway
Walnut Creek, CA 94596
(925) 947-1814
www.changessalon.com

NAME _____
POSITION _____
DATE _____

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Full Name: _____ Date: _____

Home Phone: _____ Cellular: _____

Email _____ Social Security # : _____

Address: _____

State: _____ City: _____ Zip: _____

What position you are applying for: _____

Are you under the age of 18? Yes No

Are you authorized to work in the U.S. on an unrestricted basis? Yes No

Are you currently a student? Yes No If yes, where? _____

Circle the last grade completed in high school: 9 10 11 12 GED

Name and Location of high school _____

Circle last year of college, trade or vocational school completed: 1 2 3 4 Graduated? Yes No

Name and Location of college, trade or vocational school: _____

Major/Area of Study/Degree/License: _____

Why would you like to work at changes? _____

Date you can start: _____ Salary Desired: _____

Maximum Hours available per week: _____

Are you able to perform the essential functions of the job with or without a reasonable accommodation? Yes No

If you answered "No", please describe the function(s) you are unable to perform with or without a reasonable accommodation: _____

Have you ever applied here before? Yes No

WORK HISTORY

List all employers, beginning with your current or most recent employer. If necessary, attach additional sheets.

Company Name _____
Address _____
Supervisor Name _____ May we contact? Yes No
Phone Number _____ Employment Dates: From _____ to _____
Job Title and Duties _____
Reason for Leaving _____
Salary: Starting _____ Ending _____

Company Name _____
Address _____
Supervisor Name _____ May we contact? Yes No
Phone Number _____ Employment Dates: From _____ to _____
Job Title and Duties _____
Reason for Leaving _____
Salary: Starting _____ Ending _____

Company Name _____
Address _____
Supervisor Name _____ May we contact? Yes No
Phone Number _____ Employment Dates: From _____ to _____
Job Title and Duties _____
Reason for Leaving _____
Salary: Starting _____ Ending _____

REFERENCES

Give below the names of three persons not related to you, whom you have known at least one year.

Name: _____ Phone: _____
Address: _____
Years Acquainted: _____ Occupation: _____
Name: _____ Phone: _____
Address: _____
Years Acquainted: _____ Occupation: _____
Name: _____ Phone: _____
Address: _____
Years Acquainted: _____ Occupation: _____

<u>AVAILABILITY</u>	Earliest Time Available	Latest Time Available
SUNDAY		
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		

If hired, the hours you have listed will be taken into consideration in our scheduling process (hours are subject to change).

STATEMENT

To the best of my knowledge, the information I have provided and the statements I have made in this application are correct and complete. I authorize Changes Salon and Day Spa to communicate with my former employers, school officials, and persons named as references. I hereby release Changes Salon and Day Spa and such employers, schools, and individuals from any liabilities whatsoever for damages resulting from the exchange of such information.

Signature _____ Date _____

Please send your resume Attn: Cristiana

By fax (925) 947-1235

By email to csd@changessalon.com

Or drop off at Changes Salon & Day Spa, Inc. 1475 N. Broadway Walnut Creek, CA 94596

FOR OFFICE USE

Date Received: _____ By: _____

DISP: _____ PROF: _____ GREET: _____ APEA: _____

Phone Interview Date: _____ 1st Interview Date: _____

Technical Interview Date: _____ 3rd Interview Date: _____

Notes: _____