

# ENCORE NAIL STUDIO

We are an Equal Opportunity Employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, national origin, disability status, protected veteran status, or any other characteristic protected by law.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

## Application For Employment

### Personal Information

Name

Address

City

State

Zip

Phone Number

Mobile Number

Email Address

Are You A U.S. Citizen?

Yes

No

Have You Ever Been Convicted Of A Felony?

Yes

No

If Selected For Employment Are You Willing To Submit to a Pre-Employment Drug Screening Test?

Yes

No

Are you over the age of 18 years? *(Proof of identify and eligibility will be required upon employment).*

Yes

No

### Position

Position You Are Applying For

Available Start Date

Desired Pay

Employment Desired

Full Time

Part Time

Seasonal/Temporary

Saturday and Sunday hours may be required. Are you able to work Saturdays and Sundays?

Yes

No

Do you have reliable transportation?

Yes

No

## Education

School Name	Location	Years Attended	Degree Received	Major

Have you completed any special courses, seminars, certifications, or additional training directly related to the position for which you are applying? If yes, please describe.

Yes  No

Description of courses, seminars, certifications, and/or training:

## Employment History

<b>Employer (1)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

Supervisor's Name and Title

Describe the Work Performed

<b>Employer (2)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

Supervisor's Name and Title

Describe the Work Performed

<b>Employer (3)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Supervisor's Name and Title			
Describe the Work Performed			

<b>Employer (4)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Supervisor's Name and Title			
Describe the Work Performed			

<b>Employer (5)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Supervisor's Name and Title			
Describe the Work Performed			

## Personal References

*Give three references (not friends, relatives, or employers)*

Name	Title & Company	Occupation	Phone

## Signature (IMPORTANT – Please read and sign)

I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can result in disqualification for employment consideration or, if hired, may be grounds for termination from the company. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice.

Name (Please Print)

Signature

Date

***Applicants are welcome to attach a résumé or portfolio of work with this Application for Employment.***