

**Employment Application**  
**HOH Spa is an Equal Opportunity Employer**



**Employment Application**

***Please print and fill out completely even if resume is attached:***

Name: \_\_\_\_\_  
                    Last                                      First                                      Middle Initial

Home Phone:(\_\_\_\_) \_\_\_\_\_ Other Phone:(\_\_\_\_) \_\_\_\_\_

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

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

Position applying for (please circle): Guest Relations    Housekeeping    Shampoo Assistant  
Call Center    New Talent Program (internship)    Nail Technician    Aesthetician    Make-up Artist  
Stylist    Management

How did you hear about Head Over Heelz? \_\_\_\_\_

Your availability(days/hours): \_\_\_\_\_

Date Available to start: \_\_\_\_\_

Are you legally authorized to work in the United States: No\_\_\_\_ Yes\_\_\_\_

Are you 18 years of age or older? \_\_\_\_Yes\_\_\_\_ No If no, can you furnish a work permit? Yes\_\_\_\_ No\_\_\_\_

Are you licensed In the field you are applying for? Yes\_\_\_\_ No\_\_\_\_ N/A\_\_\_\_

Have you ever applied for employment with HOH Spa  Yes  No  
Date \_\_\_\_\_

Have you ever worked for HOH Spa  Yes  No

Can you, after employment, submit verification of your legal right to work in the United States?  
 Yes  No

Are you at least 18 years old?  Yes  No If not, state your age (for child labor law purposes only) \_\_\_\_\_

Do you have any relatives or friends currently employed at HOH Spa  Yes  No  
If yes, please provide name(s) and relationship(s),  
\_\_\_\_\_

Are you available to be on-call 24 hours/seven days a week if required by the position?  Yes  
 No

Have you ever been convicted of a violation of the law (except minor traffic violation or sealed record)?

Yes  No (A yes does not automatically disqualify you from employment since the nature of the offense, date and the job for which you are applying will also be considered.)

If Yes, please give details:  
\_\_\_\_\_

### SPECIAL SKILLS, TRAINING OR CERTIFICATIONS

Typing Speed \_\_\_\_\_ WPM Speedwriting \_\_\_\_\_ WPM Computer Skills \_\_\_\_\_

Current Certifications and Licenses:  
\_\_\_\_\_

List additional skills that are related to the position for which you are applying:  
\_\_\_\_\_

\_\_\_\_\_ Referred by:  Newspaper  Agency  Employee (Write name below)   
School  Other

Please specify referral source:  
\_\_\_\_\_

### EDUCATIONAL BACKGROUND

Type of School	Name, City, State	Graduated (Yes/No)	Course or Major

**EMPLOYMENT EXPERIENCE**

Please list employment experience beginning with your most recent job. Account for all periods of time, including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

<b>(1) Name and Address of Company:</b>	<b>Date Employed</b>	<b>Describe the work you did</b>
	From (Mo/Yr) to (Mo/Yr)	
Phone Number(s):	Hourly Rate/Salary Starting Rate/Ending Rate	Reason for Leaving
Job Title:	Supervisor:	Contact information for Supervisor:
<b>(2) Name and Address of Company:</b>	<b>Date Employed</b>	<b>Describe the work you did</b>
	From (Mo/Yr) to (Mo/Yr)	
Phone Number(s):	Hourly Rate/Salary Starting Rate/Ending Rate	Reason for Leaving
Job Title:	Supervisor:	Contact information for Supervisor:
<b>(3) Name and Address of Company:</b>	<b>Date Employed</b>	<b>Describe the work you did</b>
	From (Mo/Yr) to (Mo/Yr)	
Phone Number(s):	Hourly Rate/Salary Starting Rate/Ending Rate	Reason for Leaving
Job Title:	Supervisor:	Contact information for Supervisor:

(Please add additional sheets if needed)

May we contact the employers you have listed?  Yes  No

**REFERENCES**

List name and telephone number of two business/work references that are not related to you.

Name \_\_\_\_\_ Company  
\_\_\_\_\_

Relationship \_\_\_\_\_ Years Known \_\_\_\_\_ Phone number  
\_\_\_\_\_

Name \_\_\_\_\_ Company  
\_\_\_\_\_

Relationship \_\_\_\_\_ Years Known \_\_\_\_\_ Phone number  
\_\_\_\_\_

**PLEASE READ CAREFULLY Before signing this application:**

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I certify that the information contained in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize HOH to make such investigation and inquiries of the information provided and other related matters as may be necessary. I hereby release employers, schools, and other persons, institutions, or businesses from all liability in responding to inquiries in connection with my application.

I further understand and agree that nothing in this application form shall constitute a contract of employment nor shall constitute a guarantee of employment.

Date: \_\_\_\_\_  
\_\_\_\_\_

Signature of applicant:

