



TUSCAN SUN SPA AND SALON

Employee Application Form

This Information is Private & Confidential!

Please answer each **question** completely-and as honestly as possible-so we may support you fully in achieving personal fulfillment, as well as professional and financial success.

Today's Date: _____

Applicant's Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Cell Number: _____ Home Number: _____

Name of Salon or Spa where you currently work: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Position or Title: _____

Work Number: _____ Fax Number: _____

E-mail Address: _____

Number of Years in the Industry: _____ Number of Years at current Salon / Spa: _____

Tell me about your *background* in this Industry. _____

What do you want from your next job that you're not getting now? _____

What is most important to you in your next job? What expectations do you have? _____



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Position(s) Applied for: _____

Why did you apply for this position? _____

What were your reasons for leaving your last job? _____

Do you have reliable transportation? _____

How were you paid in your last or current job? **Check appropriate one:**

Commission: _____ (If so, what % are you paid? _____ %) Booth Rental: _____

What do you **need** to earn? \$ _____ What do you **want** to earn? \$ _____

How many *days* and *hours* do you currently work per week? _____

How many *days* and *hours* would you like to work per week? _____

What is your average weekly **Client count**? _____

What do you believe are your **Top** three strengths?

1. _____
2. _____
3. _____

What do you believe are your **Top** three areas to improve?

1. _____
2. _____
3. _____

How do you see yourself contributing to the growth of our company? _____



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List any related business, trade or special training; or list professional or trade licenses or certificates:

1. _____ 3. _____
 2. _____ 4. _____

EMPLOYMENT EXPERIENCE: List all employers for the last ten years, beginning with the most current, including periods of unemployment. If you need additional space, please continue on a separate sheet of paper or attach a resume.			
Employer Phone	Dates Employed		Duties
Address	From	To	
Job Title			
Supervisor May we contact? _____			
Reason for Leaving			
Employer Phone	Dates Employed		Duties
Address	From	To	
Job Title			
Supervisor May we contact? _____			
Reason for Leaving			
Employer Phone	Dates Employed		Duties
Address	From	To	
Job Title			
Supervisor May we contact? _____			
Reason for Leaving			
Employer Phone	Dates Employed		Duties
Address	From	To	
Job Title			
Supervisor May we contact? _____			
Reason for Leaving			

PERSONAL REFERENCES: Do not include previous employers or relatives. List names, address and phone number.

1. _____
 2. _____
 3. _____

I hereby declare the information provided by me in this Application for Employment, including all attachments is true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application or attachments shall be considered cause for dismissal. You are hereby authorized to contact any persons or firms listed on my application and/or resume to substantiate claims of employment, education, character, etc. Furthermore, upon offer of employment, I agree to furnish proof of eligibility for employment in the United States.

Signature: _____ Date: _____