

**Z-VA LLC DBA Z-VA DAY SPA**  
**Employment Application**

1673 10<sup>th</sup> Street, Suite A  
 West Linn, Or 97068  
 503-305-7231  
 zvadayspa@gmail.com



**APPLICANT INFORMATION**

|                                           |                              |                             |                                                |                              |                             |
|-------------------------------------------|------------------------------|-----------------------------|------------------------------------------------|------------------------------|-----------------------------|
| Last Name                                 |                              | First                       |                                                | M.I.                         | Date                        |
| Street Address                            |                              |                             | Apartment/Unit #                               |                              |                             |
| City                                      | State                        |                             | ZIP                                            |                              |                             |
| Phone                                     | E-mail Address               |                             |                                                |                              |                             |
| Date Available:                           | Social Security No.          |                             | Desired Salary                                 |                              |                             |
| Position Applied for:                     |                              |                             |                                                |                              |                             |
| Are you a citizen of the United States?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Have you ever worked for this company?    | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when?                                   |                              |                             |
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain:                               |                              |                             |

**EDUCATION**

|             |    |                   |                                                                 |
|-------------|----|-------------------|-----------------------------------------------------------------|
| High School |    | Address           |                                                                 |
| From        | To | Did you graduate? | YES <input type="checkbox"/> NO <input type="checkbox"/> Degree |
| College     |    | Address           |                                                                 |
| From        | To | Did you graduate? | YES <input type="checkbox"/> NO <input type="checkbox"/> Degree |
| Other       |    | Address           |                                                                 |
| From        | To | Did you graduate? | YES <input type="checkbox"/> NO <input type="checkbox"/> Degree |

**REFERENCES**

*Please list three professional references.*

|           |              |
|-----------|--------------|
| Full Name | Relationship |
| Company   | Phone        |
| Address   |              |
| Full Name | Relationship |
| Company   | Phone        |
| Address   |              |
| Full Name | Relationship |
| Company   | Phone        |
| Address   |              |

**PREVIOUS EMPLOYMENT**

|                                                                                                                   |                 |                    |                  |
|-------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|------------------|
| Company                                                                                                           |                 | Phone              |                  |
| Address                                                                                                           |                 | Supervisor         |                  |
| Job Title                                                                                                         | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities                                                                                                  |                 |                    |                  |
| From                                                                                                              | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| Company                                                                                                           |                 | Phone              |                  |
| Address                                                                                                           |                 | Supervisor         |                  |
| Job Title                                                                                                         | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities                                                                                                  |                 |                    |                  |
| From                                                                                                              | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| Company                                                                                                           |                 | Phone              |                  |
| Address                                                                                                           |                 | Supervisor         |                  |
| Job Title                                                                                                         | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities                                                                                                  |                 |                    |                  |
| From                                                                                                              | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |

**MILITARY SERVICE**

|                                  |                   |    |
|----------------------------------|-------------------|----|
| Branch                           | From              | To |
| Rank at Discharge                | Type of Discharge |    |
| If other than honorable, explain |                   |    |

**WHY DO YOU WANT TO BE A Z-VA TEAM MEMBER?**

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**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.  
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|