

DR. LORI PUSKAR – NATURAL HEALTH SPA

Employment Application

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	NO	If no, are you authorized to work in the U.S.?			YES	NO		
Have you ever worked for this company?			YES	NO	If so, when?						
Have you ever been convicted of a felony?			YES	NO	If yes, explain						
EDUCATION											
High School			Address								
From	To	Did you graduate?	YES	NO	Degree						
College			Address								
From	To	Did you graduate?	YES	NO	Degree						
Other			Address								
From	To	Did you graduate?	YES	NO	Degree						
REFERENCES											
<i>Please list three references.</i>											
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	NO		
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	NO		
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	NO		

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	
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