

As an equal opportunity employer Ember Salon does not discriminate in hiring or terms and conditions of employment because of an individual's race, creed, color, sex, age religion, disability or national origin. Ember Salon only hires individuals authorized for employment in the United States.

Position applying for:  
 Full Time ( ) Part Time ( ) Date

Available:

Date Applying:

### Personal Information

Last Name	First Name	Middle Name	Are you authorized for employment in the U.S.? ( )Yes ( )No
Present Street Address	City	State	Zip
How long have you lived there? ( )Years ( )Months			
Previous Street Address	City	State	Zip
How long did you live there? ( )Years ( )Months			
Home Phone	Cell Phone	Social Security Number	If you are under the age of 18, state your age.

### Education

Type of School	Name and Location of School	Area of Study	# of years attended	Graduated Yes/No
High School	Name			
	City State			
Junior College	Name			
	City State			
College	Name			
	City State			
Graduate School	Name			
	City State			
Other	Name			
	City State			

### Academic and Professional Activities and Achievements

Academic and professional activities and achievements, awards, publications or technical-professional societies. Indicate type or name. Exclude organizations which indicate race, creed, color, sex, age, religion, disability or national origin of its members.

Date(s):

Date(s):

### Special Skills

Other skills applicable to position:

### Emergency Contact

This information is to facilitate contact in the event of an emergency and is not used in the selection process.

Name:

Phone:

Relationship:

## Employment History

List past employment starting with the most recent positions. Account for any time during this period that you were unemployed by stating the nature of your activities. If you have less than 4 places of employment, include personal referenced to be contacted. May we contact your present employer? ( )Yes ( )No

Dates	Name and Address of Employee	Position Held/ Supervisor Name	Major Duties	Wages	Reason for leaving
From Mo Yr /	Name:	Job Title		Starting	
	Address:				
To Mo Yr /		Supervisor		Final	
	Phone:				
From Mo Yr /	Name:	Job Title		Starting	
	Address:				
To Mo Yr /		Supervisor		Final	
	Phone:				
From Mo Yr /	Name:	Job Title		Starting	
	Address:				
To Mo Yr /		Supervisor		Final	
	Phone:				
From Mo Yr /	Name:	Job Title		Starting	
	Address:				
To Mo Yr /		Supervisor		Final	
	Phone:				

## Miscellaneous

Is there any additional information involving a change of your name or assumed name that will permit us to check your work record? ( )Yes ( )No If yes, please explain:			
Have you ever been employed by Ember Salon or any of its subsidiaries before? ( )Yes ( )No	When?	Where?	Position?
List any friends and/or relatives that currently/ have in the pasted worked at Ember Salon.			
Have you ever been convicted of a crime? ( )Yes ( )No If yes, please explain:			

## READ THIS STATEMENT CAREFULLY!

I hereby affirm that the information given by me on this application for employment is complete and accurate. I understand that any falsification or omission will be immediate grounds for dismissal. I authorize a thorough investigation to be made in connection with this application concerning my character, general reputation, employment and education background and criminal record; whichever may be applicable. I understand what this investigation may include and I hereby authorize the release of documents and personal interviews with third parties, such as employers, family members, business associates, financial sources, friends, neighbors or others with whom I am acquainted. I further understand that I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of the nature and scope of the investigation.

It is understood that, as a condition of initial or continued employment, I agree to submit to such lawful examinations, medical, substance abuse or other, as may be required by the company. The company will pay the reasonable cost of any such examination, which may be required.

If I am hired, I agree that my employment and compensation can be terminated with or without cause and without notice, at any time, at the option of Ember Salon or myself. I understand that, unless modified by written agreement, signed by both me and the Executive Vice President of Personnel or the President of the company, no manager or other representative of Ember Salon has the authority to make any agreement contrary to the foregoing or to enter into any agreement for employment for a specified period of time or to make any agreement contrary to other policies and practices of Ember Salon.

I have read and affirm as my own the above statements.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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