

**APPLICATION FOR EMPLOYMENT WITH SPA ROMA**

Please print all information except signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Permanent address \_\_\_\_\_  
Number Street City State Zip

How long have you been at this address? \_\_\_\_\_ Telephone(\_\_\_\_) \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ If under 18, please list age \_\_\_\_\_

Position applying for \_\_\_\_\_ Date you can start \_\_\_\_\_

Days/hours available to work  
 No preference \_\_\_\_\_ Thur \_\_\_\_\_  
 Mon \_\_\_\_\_ Fri \_\_\_\_\_  
 Tue \_\_\_\_\_ Sat \_\_\_\_\_  
 Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights, weekends, holidays? \_\_\_\_\_

Employment desired  Full-time only  Part-time only  Full or Part time

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes  
 If yes, please explain \_\_\_\_\_

DO YOU HAVE A DRIVER'S LICENSE? Yes  No   
 What is your means of transportation to work? \_\_\_\_\_

**EDUCATION AND TRAINING**

| TYPE OF SCHOOL      | NAME OF SCHOOL | LOCATION | NUMBER OF YEARS COMPLETED | MAJOR & DEGREE |
|---------------------|----------------|----------|---------------------------|----------------|
| High School         |                |          |                           |                |
| College             |                |          |                           |                |
| Trade School        |                |          |                           |                |
| Professional School |                |          |                           |                |

Please give details of major courses attended during your career.

| <u>Course Title</u> | <u>Length of Course</u> | <u>Year Attended</u> |
|---------------------|-------------------------|----------------------|
| _____               | _____                   | _____                |
| _____               | _____                   | _____                |
| _____               | _____                   | _____                |

Please give details of color and retail products you have worked with \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

WHAT ARE YOUR HOBBIES OR INTERESTS? \_\_\_\_\_

\_\_\_\_\_

BRIEFLY GIVE REASONS FOR YOUR CAREER CHOICE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AN APPLICATION FORM SOMETIMES MAKES IT DIFFICULT TO ADEQUATELY SUMMARIZE A COMPLETE BACKGROUND. USE THE LINES BELOW FOR ANY ADDITIONAL INFORMATION NECESSARY TO DESCRIBE YOUR FULL QUALIFICATIONS FOR THE SPECIFIC POSITON FOR WHICH YOU ARE APPLYING.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PREVIOUS WORK EXPERIENCE

Please list your work experience for the **past five years** beginning with you most recent job held. If you were self-employed, please give firm name. **Attach additional sheets if necessary.**

|  |                         |                  |                |
|--|-------------------------|------------------|----------------|
| Name of employer<br>Address<br>City, State, Zip Code<br>Phone number   | Name of last supervisor | Employment dates | Pay or salary  |
|  |                         | From<br>To       | Start<br>Final |
|  | Your last job title     |                  |                |
| Reason for leaving (be specific)   |                         |                  |                |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. |                         |                  |                |

|  |                         |                  |                |
|--|-------------------------|------------------|----------------|
| Name of employer<br>Address<br>City, State, Zip Code<br>Phone number   | Name of last supervisor | Employment dates | Pay or salary  |
|  |                         | From<br>To       | Start<br>Final |
|  | Your last job title     |                  |                |
| Reason for leaving (be specific)   |                         |                  |                |
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|  |                         | From<br>To       | Start<br>Final |
|  | Your last job title     |                  |                |
| Reason for leaving (be specific)   |                         |                  |                |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. |                         |                  |                |

Please list two references other than relatives or previous employers.

|                       |                       |
|-----------------------|-----------------------|
| Name _____            | Name _____            |
| Position _____        | Position _____        |
| Company _____         | Company _____         |
| Address _____         | Address _____         |
| _____                 | _____                 |
| Telephone(____) _____ | Telephone(____) _____ |

THE INFORMATION I HAVE GIVEN ON THIS FORM IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ALSO AUTHORIZE THE EMPLOYERS, SCHOOLS OR PERSONS NAMED ABOVE TO PROVIDE INFORMATION REGARDING MY EMPLOYEMENT.

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

Spa Roma is an equal employment employer. We adhere to a policy of making employment decisions without regard to race, color, sex, religion, sexual orientation, national origin, age or disability. We assure you that your opportunity for employment with us depends solely on your qualifications. We thank you for completing this application and for your interest in Spa Roma.

## Personal Role Assessment

To help us with your application, please answer the following questions.

1. Do you want to be successful in this position? \_\_\_\_\_
2. Do you have basic computer knowledge? Mac or PC? \_\_\_\_\_
3. Would you cooperate with all salon training programs as well as outside seminars, hair shows, etc? \_\_\_\_\_
4. Are you prepared to have your hair styled, colored or curled to promote a good staff image? \_\_\_\_\_
5. Do you agree that a complete professional appearance includes make and a professional manicure? \_\_\_\_\_
6. Would you wear some form of uniform and appropriate shoes? \_\_\_\_\_
7. Are you willing to work assigned hours to cover our hours of operation? \_\_\_\_\_
8. Would you arrive 30 minutes before work starts in order to prepare for spa opening? \_\_\_\_\_
9. Can you foresee any problems with transportation to and from work? \_\_\_\_\_
10. Will you enjoy communicating and talking to other people? \_\_\_\_\_
11. Do you have any skin allergies especially with your hands? \_\_\_\_\_
12. Would you be able to provide models for training purposes on a regular basis? \_\_\_\_\_
13. Once qualified in this position, would you be prepared to help other staff members in the spa training program? \_\_\_\_\_
14. Do you have leadership qualities? If so name three.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_