

EMPLOYMENT APPLICATION

1.

Employer: A HARMONY NAIL SPA
Address: 953 E. Sahara Ave Ste. E-11A
City/State/Zip: LAS VEGAS, Nevada 89109
Telephone: (702) 792-6245

It is the policy of A HARMONY NAIL SPA to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

2.

Applicant Name: _____
Address: _____
City/State/Zip: _____
Number of years at this address: _____
Daytime phone: _____ Evening phone: _____
Social Security Number: _____

3.

Who should be contacted if you are involved in an emergency?
Contact Name: _____
Relationship to you: _____
Address: _____
City/State/Zip: _____
Daytime phone: _____ Evening phone: _____

4.

Job Position Applied for: _____

5.

Salary Desired: \$ _____ per _____

6.

Referral Source: Who referred you to our company?

7.

Have you applied to our company previously? _____ Yes _____ No
If yes, when? _____

8.
Are you at least 18 years old? _____ Yes _____ No

9.
How will you get to work? _____

10.
Driver's License Number: _____
What state issued your license? _____

11.
Are you willing to work any shift, including nights and weekends? _____ Yes
_____ No
If no, please state any limitations:

12.
If you are offered employment, when would you be available to begin work?

13.
Are you legally eligible for employment in the United States? _____ Yes
_____ No

14.
Are you able to perform the essential functions of the job position with?
or without reasonable accommodation? _____ Yes _____ No
What reasonable accommodation, if any, would you require?

15.
Have you ever been convicted of any crime, including traffic violations?
_____ Yes _____ No If yes, please describe:

THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN
AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF
EMPLOYMENT.

16.

Applicant Employment History: List your current or most recent employment first.

Employer Name: _____
Address: _____
City/State/Zip: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer Name: _____
Address: _____
City/State/Zip: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer Name: _____
Address: _____
City/State/Zip: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

17.

Applicant's Education and Training: List your education and training.

High School Name and Address

Last Grade? ____ 9 ____ 10 ____ 11 ____ 12 Diploma? ____ Yes ____
No

College Name and Address

Did you receive a degree? ____ Yes ____ No If yes, degree received:

Other Training (graduate, technical, vocational):

Awards, Honors, Special Achievements:

18.

Applicant's Skills: Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle

the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

Skill Rating	Years of Experience	Abili
[] Word Processing 4 5	_____	1 2 3
[] Accounting/Bookkeeping 4 5	_____	1 2 3
[] Filing 4 5	_____	1 2 3
[] knowledge of retail sales, merchandising, inventory _____	1 2 3 4 5	
[] personal services 4 5	_____	1 2 3
[] Sales 4 5	_____	1 2 3
_____ 4 5	_____	1 2 3
_____ 4 5	_____	1 2 3

19.

References: List any two people who would be willing to provide a reference for you.

Name: _____
 Address: _____
 City/State/Zip: _____
 Telephone: _____
 Relationship: _____

Name: _____
 Address: _____
 City/State/Zip: _____
 Telephone: _____
 Relationship: _____

20.

Please provide any other information that you believe should be considered:

CERTIFICATION

I certify that the information provided on this Application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my Application, or if employment commences immediate termination.

I authorize A HARMONY NAIL SPA to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Owner, the employment relationship will be entirely voluntary in nature. In other words, with appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer would have the same right. Moreover, no agent, representative, or employee of A HARMONY NAIL SPA, except in a specific written contract of employment signed on behalf of the organization by its Owner, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE