

BODYNEW MEDSPA

Application for Employment

NAME AND ADDRESS

Name _____
Last First Middle Social Security

Current Address _____
Number Street

City County State Zip Code No. of Years Here

Home Phone # _____ Work/Message # _____
Area Code Number Area Code Number

Former Address _____
Number Street

City County State Zip Code No. of Years There

POSITION DESIRED

What position are you applying for? _____
Salary Expectations: _____ Leave Blank

WORK SCHEDULE

What type of employment? Full Time Part Time Temporary
When could you start employment? _____
What schedule are you available to work? (Include a.m. or p.m.)

Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
From	To	From	To	From	To	From	To	From	To	From	To	From	To

EMPLOYMENT STATUS

Are you currently employed? Yes No
Is your intent to continue in your current job if you work here? Yes No
Are you currently a student? Yes No
If "yes," what impact does this have on your availability for work? _____

Are there any commitments, activities, hobbies, vacation plans, etc. that could affect your ability to work here?
 Yes No

If "yes," please explain _____

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EMPLOYMENT HISTORY

List the most recent employer, or last employer, first. Include military service or any self-employed or unemployed periods. You *must* account for the past ten (10) years or since completing school, whichever is less. Use additional pages if necessary.

Employment History

Company _____
Address _____
Telephone Number _____
Date Employed _____
From _____ To _____ Last Salary _____
Last Position Held _____
Last Supervisor's Name _____
Why Did You Leave? *(Be Specific)* _____

Liked Most About Job? *(Be Specific)* _____

Liked Least About Job? *(Be Specific)* _____

Past Employer(s)

Company _____
Address _____
Telephone Number _____
Date Employed _____
From _____ To _____ Last Salary _____
Last Position Held _____
Last Supervisor's Name _____
Why Did You Leave? *(Be Specific)* _____

Liked Most About Job? *(Be Specific)* _____

Liked Least About Job? *(Be Specific)* _____

EDUCATIONAL BACKGROUND

If You Attended High School

Name of High School: _____ City and State _____

Graduated? Yes No

If You Attended College

Last College Attended: _____ Graduated? Yes No
Major Course of Study _____ Degrees (if applicable) _____

BODYNEW MEDSPA

Specialized Education And Training

Do you have any other kind of training? (Please include seminars and workshops) Yes No

If "yes", please describe _____

OTHER INFORMATION

Driver's License Number _____ Are you at least 18 years of age? Yes No

Have you ever been known by a different name? Yes No

If "yes," please describe _____

Have you ever been convicted of a crime or a violation other than a minor traffic violation in the last 7 years?

Yes No

If "yes," please describe _____

Are you legally eligible to work in the United States? Yes No

Document Number (if applicable) _____

Can you perform the essential functions for the job for which you have applied? Yes No

What accommodation, if any, do you need to perform this work? _____

Are you legally on any kind of medication that would affect your ability to perform this job? Yes No

If "yes," please describe _____

REFERENCES

Give names of two people, not relatives or former employees, who have known you for five years.

Name _____	Name _____
Current Address _____	Current Address _____
City/State/Zip _____	City/State/Zip _____
Home Phone Number _____	Home Phone Number _____
Number of Years Known _____	Number of Years Known _____

IN CASE OF EMERGENCY

Name _____	Home Phone _____
Current Address _____	Work/Message Phone _____

BODYNEW MEDSPA

CONDITIONS OF EMPLOYMENT

BodyNew MedSpa sets a high standard for its employees. We require compliance with these standards as a condition of employment. You need to carefully consider what will be required before considering a position with us. As an employee of BodyNew MedSpa, you would be expected to comply in full. You need to know and understand that BodyNew MedSpa will require you to:

Job Expectations

- Meet performance standards of position.
- Work hours as scheduled – report to work on time.
- Take direction from supervisors and execute that direction to the best of your ability.
- Maintain a positive, enthusiastic attitude at all times. Be a cooperative member of the staff.
- Train, as needed, to keep high performance level on your job.

Personal Appearance

- Maintain a business-like, professional appearance (dress and grooming).

Would you be able to comply with all the requirements as listed? Yes No

If “no” or you have any concerns about being able to comply with any of these requirements, please explain: _____

ACKNOWLEDGEMENTS & AGREEMENTS

ALL APPLICANTS – Please read the following and address any questions to the Personnel Representative signing below: I acknowledge that in connection with my application for employment, promotion, or reassignment with BodyNew MedSpa, an investigative consumer report or other inquiry may be made as to my character, general reputation, personal characteristics and mode of living. If a report is made, I have been advised further that upon written request within a reasonable amount of time, additional information as to the nature and scope of the report, if one is made, will be provided. This written request should be addressed to the Personnel Department where this application is made.

I hereby authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all information pertinent to my employment and release the same from any liability resulting from providing such information. BodyNew MedSpa has my permission to make said inquiries, and I hereby release BodyNew MedSpa from any liability in making said request or in relying on the information received.

I understand that satisfactory reports are a condition of my employment with BodyNew MedSpa. I further understand that my employment with BodyNew MedSpa will be terminated if management determines that said reports are unsatisfactory.

I also acknowledge that from time to time, BodyNew MedSpa may be required to submit certain information with regard to my employment or application for employment. I hereby release BodyNew MedSpa, its agents, assigns and subsidiaries from any liability from submitting such information.

I acknowledge that BodyNew MedSpa may request either prior to and/or after employment that I undergo drug testing and may request after an offer has been made, a medical exam. I consent and agree to any such exam, if required, now or in the future. I understand that when pre-employment drug testing is required, a satisfactory result is a condition of employment with BodyNew MedSpa.

I hereby certify that all statements and answers made on this Employment Agreement are complete and true. I understand that if subsequent to employment any of such statements and/or answers are found to be false or that information is omitted, such false statements or omissions will be considered grounds for termination of my employment.

Employee Signature

Date

Office Manager Signature

Date