



TashiDeléySalon

EMPLOYMENT APPLICATION • PLEASE PRINT OR TYPE

We do not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status or disability. All applicants are given equal opportunity, selection decisions are based on job-related factors.

Today's Date _____ Social Security Number _____

Date of Birth _____

Position Desired _____ Date Available to Start _____

Name _____ Phone Number _____

Address _____ How Long? _____
Street City State Zip

Previous Address _____ How long? _____
Street City State Zip

Type of work desired: (circle all that apply) full-time part-time booth rent commission

PERSONAL

Are you currently 18 years of age? (circle one) YES NO

Due to complimentary alcohol served, are you age 21 or older? (circle one) YES NO

Do you have transportation? (circle one) YES NO

Have you ever been convicted of a misdemeanor (other than minor traffic) or a felony? (circle one) YES / NO

*If yes, please explain: _____

Do you know anyone employed by TDS? (circle one) YES / NO If yes, who: _____

Can you furnish proof of your legal right to work in the United States? YES NO

MILITARY SERVICE

Branch of U.S. armed service, if any: _____ Rank attained: _____

Present Affiliation _____

Experience acquired _____

REFERRED TO TDS BY: (circle one)

School Agency TDS Employee Advertisement TDS Client On my own

Referral Name _____

EMPLOYMENT HISTORY - START WITH YOUR PRESENT OR LAST EMPLOYER. LIST ALL PLACES EMPLOYED, INCLUDING MILITARY SERVICE.
 ADDITIONAL INFORMATION MAY BE PLACED ON A SEPARATE SHEET AND ATTACHED.

EMPLOYER		RESPONSIBILITIES: INCLUDE POSITIONS & SALARY
ADDRESS		
PHONE	DATES: TO/FROM	
NAME AND TITLE OF SUPERVISOR		
REASON FOR LEAVING		
EMPLOYER		RESPONSIBILITIES: INCLUDE POSITIONS & SALARY
ADDRESS		
PHONE	DATES: TO/FROM	
NAME AND TITLE OF SUPERVISOR		
REASON FOR LEAVING		
EMPLOYER		RESPONSIBILITIES: INCLUDE POSITIONS & SALARY
ADDRESS		
PHONE	DATES: TO/FROM	
NAME AND TITLE OF SUPERVISOR		
REASON FOR LEAVING		
EMPLOYER		RESPONSIBILITIES: INCLUDE POSITIONS & SALARY
ADDRESS		
PHONE	DATES: TO/FROM	
NAME AND TITLE OF SUPERVISOR		
REASON FOR LEAVING		

**May we communicate with your current employer? YES / NO • If no, please explain:

Did you have issues complying with previous employer's attendance policy?_____

Please explain:_____

Please list all name's changed, assumed or nickname necessary to enable us to check your work record:

EDUCATION

	Name and Location	Dates From To	Did you graduate?	Major	Credit Hours Earned	Grade Average
High School		Year		N/A	N/A	
College(s)						
Graduate College						
Technical Business or Other						

Do you have any other special interests, skills, or training which you feel would be an asset to TDS?

REFERENCES

****Please provide individuals who may comment on your professional abilities, this may include co-workers, clients, employers, anyone other than family and friends.**

NAME	ADDRESS/PHONE NUMBER	RELATIONSHIP TO APPLICANT	NO. OF YEARS ACQUAINTED

PLEASE READ CAREFULLY BEFORE SIGNING:

I understand that completion of this application does not indicate that there are any positions open and does not in any way obligate Tashi Deléy Salon LLC (TDS).

I authorize TDS to investigate all statements contained in this application. It is understood and agreed that any misrepresentations by me in this application will be sufficient cause for cancellation of the application and/or for separation from TDS's services if I have been employed.

I agree, if employed, to abide by all TDS rules and regulations. I understand that an offer of employment by TDS may be conditioned on the results of a criminal background check. I understand that, if employed, I will be hired as an employee at will, and my continued employment is entirely subject to the discretion and best judgment of TDS. Furthermore, I understand that any additional terms of employment must be expressly agreed to in writing.

I authorize TDS to investigate information regarding my previous and current employment, my working ability, my character and reputation, and all statements contained in this application. I hereby release TDS, its officers, employees, representatives, or agents, and the person(s) TDS contacts in its investigation from any and all liability and/or damage incurred in obtaining or providing such information.

I certify that the information given in this application is correct, and I acknowledge that I have read and understand TDS is an Equal Opportunity Employer, and I may be subject to a criminal background check prior to an employment offer, this does not obligate TDS to hire me.

DATE: _____

SIGNATURE OF APPLICANT: _____

PRINT NAME OF APPLICANT: _____

APPLICANT: PLEASE DO NOT WRITE BELOW THIS LINE			
Interviewed by:	Date:	Interviewed by:	Date:
Remarks/Notes:		Remarks/Notes:	

TO BE COMPLETED AFTER HIRE

Person to notify in case of emergency: _____

Address: _____

Phone No.: _____

Relationship: _____