

APPLICATION FOR EMPLOYMENT

Personalized Skin Care

2223 N. Harbor Blvd. Fullerton, CA. 92835

Phone: 714 738 8084 Fax: 714-542-9345

Position applying for: _____

Personal Information

Date: _____

Last Name _____ First Name _____ Middle Name _____

Current Address _____

City _____ State _____ Zip _____

Home Phone: _____ Work Phone _____ Cell or Pager _____

If hired, can you provide proof that you are eligible to work in the U.S.? ()YES ()NO

Are you age 18 or older? ()YES ()NO

Are you currently employed? ()YES ()NO

If yes, may we contact your present employer? ()YES ()NO

Have you ever been convicted of a criminal offense? ()YES ()NO

If yes, please explain*

*Do not list any convictions which have been expunged from your record. A conviction will not necessarily bar an applicant from employment. Factors such as time of the offense, seriousness of the violation, as well as rehabilitation and the relationship between the nature of the conviction and the position requirements will be considered.

If essential to the position you are applying for, do you have a valid driver's license? ()YES ()NO

Position Desired	Desired Salary	Date you can start
_____	\$ _____	_____

Education and Training

	Name and Location	No. of Years Attended	Degree/Diploma Other Credential	Major Area of Study	Date From and To
High School					
College					
College					
Graduate					
Business, Trade, Other					

List any subjects of special study, research work, PC and/or administrative skills in which you are proficient: _____

Employment History (list most recent employer first)

(1) _____

Employer Name		Address	Phone Number
From	To	Position	Salary: \$ _____ Bonus/Other compensation: \$ _____
Supervisor's Name & Title		Reason for leaving	

(2) _____

Employer Name		Address	Phone Number
From	To	Position	Salary: \$ _____ Bonus/Other compensation: \$ _____
Supervisor's Name & Title		Reason for leaving	

Continued

(3)

Employer Name

Address

Phone Number

From	To	Position	Salary: \$ _____ Bonus/Other compensation: \$ _____
Supervisor's Name & Title		Reason for leaving	

(4)

Employer Name

Address

Phone Number

From	To	Position	Salary: \$ _____ Bonus/Other compensation: \$ _____
Supervisor's Name & Title		Reason for leaving	

References (list the name of persons not related to you, with whom you had a business relationship)

Name _____ Business Relationship _____

Years Acquainted _____ Phone Number _____

Name _____ Business Relationship _____

Years Acquainted _____ Phone Number _____

Name _____ Business Relationship _____

Years Acquainted _____ Phone Number _____

Personalized Skin Care

Employment Applicant
Voluntary Self-Identification

Applicant's _____
First Name Last Name Middle Name

We are gathering the following information not for employment decisions but for record keeping in compliance with Federal regulations. This information will be kept separate from your Employment Application. Your responses are strictly voluntary and will help in developing and monitoring our Affirmative Action Program.

Information provided will be kept confidential except that government officials investigating compliance will be formed.

If you choose not to answer any of these questions, you will not be subjected to adverse treatment. If you choose not to "self-identify," however, we are required under Federal regulations to maintain race and sex information at the basis of visual observation or personal knowledge. If you do not wish to furnish this information, please initial and date.

Initials _____ Date _____

SEX: Male Female
RACE: White Black Hispanic
 Asian or Pacific Islander American Indian or Alaskan Native

SIGNATURE OF APPLICANT _____ DATE _____

Applicants Authorization

(read carefully before signing)

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand that investigative background inquiries are to be made on myself – in any state or local jurisdiction. These reports may include information regarding work habits, performance and experience along with dates of employment and reasons for termination of past employment from previous employers. Further, I understand that you may be requesting information from various Federal, State and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences.

I authorize, without reservation; any agency contacted by this employer to furnish above mentioned information and hereby consent to your obtaining the above information.

I understand and agree that, if hired, my employment is “at-will,” which means that it is for no definite period, and can be terminated at any time by either myself or the Company, for any or no reason, with or without cause or notice. No representative of the Company may enter into any agreement or make any representation, written or oral, to alter my at-will employment status, or otherwise create any contractual obligation to me. I further understand that this application is not a “Contract of Employment.”

I further understand and agree that any offer of employment extended to me will be contingent upon my passing a substance abuse test. I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified or omitted statements on this application shall be grounds for denying employment or dismissal.

Signature: _____ Date: _____