

FOUNTAIN OF YOUTH



AVEDA SALON SPA

How did you learn about the company? _____

Are you under the age of 18? _____ If Yes, what is your date of birth? _____

If under age 16, can you furnish a work permit? _____ Hours available _____

Schools Attended

Name of School	Course of Study	Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employment History

Company Name	Name of Supervisor	Phone	Dates Employed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been convicted of a crime? _____

If hired, is there anything that would prevent you from reporting to work each day on time to perform your duties?

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I certify that the information given herein is true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of the information provided herein, and other matters related thereto, as may be necessary. I hereby release employers, schools and other persons, institutions, or businesses from all liability in responding to inquiries in connection with my application. I understand that false or misleading information given in my application or during interviews may result in a refusal to hire or discharge in the event of employment.

I understand and agree that, if hired, my employment is at will. I also understand that if I am hired my employment is for no definite period of time. I may terminate my employment at any time and I may be dismissed at any time without prior notice. I further understand and agree that nothing in this application form shall constitute a contract or a guarantee of employment.

I also understand that any policies or procedures implemented by the company in the event of my employment are for purposes of operations only and are not intended to be nor constitute a contract for my employment. In addition, I understand that any of these policies or procedures may be changed at any time at the employer's discretion and without notice.

Signature

Date