

GINGER BAY SALON AND SPA  
 437 S. Kirkwood Rd.  
 Kirkwood, MO 63122  
 (314) 966-0655

APPLICATION FOR EMPLOYMENT



Ginger Bay Salon and Spa is an equal opportunity employer. Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

Last Name	First	MI	Date Submitted
Street Address			Position Desired
City, State, Zip			Pay Expected
Home Telephone	Cell Telephone		Social Security Number
Email Address		Best Time to Contact You	Date Available to Begin Work:
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time    Hours Desired _____ / wk  Availability: S _____ M _____ T _____ W _____ T _____ F _____ S _____			Are you willing to work overtime if necessary?  <input type="checkbox"/> Yes <input type="checkbox"/> No
Referral Source <input type="checkbox"/> Advertisement/Website <input type="checkbox"/> Walk-In <input type="checkbox"/> GB Employee <input type="checkbox"/> Relative  <input type="checkbox"/> Other _____ Name of Referral (if applicable) _____			If hired, can you provide written evidence that you are authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged, or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No    If "Yes", describe in full: _____			Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", with what employers? _____
Please list any additional information that relates to your ability to perform the job for which you have applied, such as: licenses, professional memberships, skills, hobbies, etc.			Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" what branch? _____
Have you applied for employment with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "yes" list the date and position applied for: _____			Preferred Method of Contact

HIGHEST LEVEL OF EDUCATION ATTENDED

Type	School Name/Location	Course of Study	No. of Years Completed	Did you graduate?	Degree or Diploma
Graduate					
University					
Trade / Technical					
High School					
Elementary					

# EMPLOYMENT RECORD

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

Company Name	Telephone
Address	Name of Supervisor
Job Title and General Responsibilities	Employed (month and year) From _____ To _____
Reason for leaving	Weekly Pay Start _____ Last _____

Company Name	Telephone
Address	Name of Supervisor
Job Title and General Responsibilities	Employed (month and year) From _____ To _____
Reason for leaving	Weekly Pay Start _____ Last _____

Company Name	Telephone
Address	Name of Supervisor
Job Title and General Responsibilities	Employed (month and year) From _____ To _____
Reason for leaving	Weekly Pay Start _____ Last _____

We may contact the employers listed above unless you indicate those you do not want us to contact. Do Not Contact: Company Name _____ Reason _____
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APPLICANT'S STATEMENT – Please attach your resume if applicable. Please read this statement carefully before signing your application:

I understand that the employer follows an "employment at will" policy, and that either myself or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by and Executive of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of three months; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient for dismissal or refusal of employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date