

Name of Applicant _____

Date of Application _____



EMPLOYMENT APPLICATION

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, marital, or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected classification.

Please print and fill out completely even if resume is attached:

Name: _____

Last

First

Middle

Home Phone: () _____ Alternate Phone: () _____

Address: _____

City/State/Zip: _____

How did you hear about the Body Shoppe Spa?: _____

Salary requirement: _____ Date available to work?: _____

Are you 18 years of age or older? Yes ___ No ___ If no, can you furnish a work permit? Yes ___ No ___

Have you ever served in the U.S. Military? Yes ___ No ___

Dates/Branch: _____

Have you been convicted of a crime in the past 10 years? Yes ___ No ___ Date: _____

Explanation (include county and state of crime)

Have you ever worked for the Body Shoppe Spa before? Yes ___ No ___

If so, when?

Have you ever applied to the Body Shoppe Spa before?: _____ If so, when? _____

EMPLOYMENT DATA

Fill in completely starting with your most recent employer for the past 5 years. You may exclude organization names that indicate race, color, religion, gender, national origin, ancestry, age, disability or other protected status.

May we contact your present employer? Yes _____ No _____

Name of Employer			
Street Address	City	State	Zip
Telephone Number (including area code)		Supervisor's Name/Position	
Position	Dates Employed	Salary	
Responsibilities:			
Reason for leaving:			
Name your most and least favorite thing about this job:			

Name of Employer			
Street Address	City	State	Zip
Telephone Number (including area code)		Supervisor's Name/Position	
Position	Dates Employed	Salary	
Responsibilities:			
Reason for leaving:			
Name your most and least favorite thing about this job:			

Name of Employer			
Street Address	City	State	Zip
Telephone Number (including area code)		Supervisor's Name/Position	
Position	Dates Employed	Salary	
Responsibilities:			
Reason for leaving:			
Name your most and least favorite thing about this job:			

EDUCATION

SCHOOL	NAME/CITY/STATE	YEARS ATTENDED	GRADUATE?	DEGREE EARNED?
High School				
College or University				
Graduate School				
Trade/Business School				
Other				

Have you ever been discharged by an employer? Yes _____ No _____

If yes, please explain all terminations:

List all periods during which you were unemployed:

List professional, trade, business, or civic activities and offices held. (*You may exclude organization names that indicate race, color, religion, gender, national origin, ancestry, age, disability or other protected status*):

SPECIAL SKILLS

Indicate office equipment you can operate, technical, computer and other job related skills:

Words per minute: _____

REFERENCES

(*Professional, peer and work references, not relatives or previously named supervisor- List at least three*)

NAME	OCCUPATION	RELATIONSHIP	PHONE NUMBER

Applicant's Signature: _____

APPLICANT'S STATEMENT

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would affect this application unfavorably. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the **Body Shoppe Spa** to make an investigation of any of the facts set forth in this application. I agree to immediately notify the **Body Shoppe Spa** if I should be convicted of a felony, or any crime involving dishonesty, breach of trust, controlled substance, sexual misconduct, abuse, or violence, while my job application is pending or during my period of employment, if hired.

I authorize my previous employers, schools or persons named as references to give any information regarding employment or educational record. I agree that his company and my previous employers shall not be held liable in any respect if a job offer is not extended, is withdrawn or my employment is terminated because of false statements, omissions or answers made by me on this application. I understand that, if hired, I am obliged to comply with any and all current and subsequently adopted **Body Shoppe Spa** policies.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment.

I understand that this application does not create a contract of employment. I understand that, if hired, employment at the **Body Shoppe Spa** is "at will," which means that either I or the company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the Company, other than the President, has any authority to alter the foregoing.

I hereby acknowledge that I have read and understand the above statements.

Signature: _____ Date: _____

Please tell us below in one or two paragraphs why you think you should be selected for this position.. Please include your job goals and what you are looking for from our company and from the position you are applying for.

If you need additional space, please attach a separate sheet.

Applicant Signature

Date