JOB APPLICATION

Avalon Salon and Day Spa

7301 S. Sante Fe Dr. Littleton, CO. 80120

303/730-9399

Avalon Salon and Day Spa is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he/ she/ they should contact a company representative.

Please fill out all the following sections:

 Applicant Name:

 Address:

 City, State, and

 Zip Code:

 Phone Number:

 Email Address:

Date of Application:

**Desired Hourly Pay / Salary:**

Employment Position:

**Position(s) applying for:** Front Desk Receptionist, Hair stylist, Nail Technician, Massage Therapist,

How did you hear about this position?

What days are you available for work?

What hours or shifts are you available for work?

Do you prefer part time or full time?

On what date can you start working if you are hired?

Personal Information:

Have you ever applied to or worked for Avalon Salon and Day Spa before?

Yes No

If yes, When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any friends, relatives, or acquaintances working for Avalon Salon and Day Spa?

Yes No

If yes, state name and relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a U.S. citizen or approved to work in the United States?

Yes No

What document can you provide as proof of citizenship or legal status?

Job Skills/ Qualifications:

Please list below the skills and qualifications you possess for the position for which you are applying:

Education and Training:

**High School:**

 Name:

 Location:

 Graduation year:

**College/ University:**

Name:

 Location:

 Graduation Year:

 Degree Earned:

**Vocational School/Specialized Training:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Graduation Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Degree Earned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Employment:

 Employer Name:

 Job Title:

 Supervisor Name:

 Employer Address:

 City, State and Zip Code:

 Employer Telephone Number:

 Dates Employed:

 Reason For Leaving:

 Employer Name:

 Job Title:

 Supervisor Name:

 Employer Address:

 City, State and Zip Code:

 Employer Telephone Number:

 Dates Employed:

 Reason For Leaving:

 Employer Name:

 Job Title:

 Supervisor Name:

 Employer Address:

 City, State and Zip Code:

 Employer Telephone Number:

 Dates Employed:

 Reason For Leaving:

References:

Please provide 1 personal/ professional reference below:

Reference:

Contact Information:

Additional Information:

As a prospective employee, is there any further information you would like us to know at Avalon Salon and Day Spa.

When completed, please email this application to littletonavalon@gmail.com or bring the application into the salon. Thank you.