



Winter Haven

EMPLOYMENT APPLICATION

Name _____ Date _____

Address _____ Phone # _____

City _____ State _____ Zip _____

EMPLOYMENT EXPERIENCE

Employer 1 _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Job Title _____ Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

Employer 2 _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Job Title _____ Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

Employer 3 _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Job Title _____ Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____



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EMPLOYMENT APPLICATION

EDUCATION

Schools/Colleges Attended:

Years Year Grad. Degree

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

LICENSING and SKILLS

Do you have a license in the state of Florida? _____ Type _____

I am a licensed and qualified technician and I am competent to work in the areas checked:

| | |
|-------------------------|--------------------------|
| _____ Microdermabrasion | _____ Facials |
| _____ Waxing | _____ Makeup Application |

Are there any other areas you are licensed and/or qualified to work in that are **NOT** listed above?

Are you familiar with Salt Therapy?

List any additional skills such as: *Typing, drawing, ad writing, marketing ideas, etc.*

What are your professional goals and how would you be an asset to The Salt Room Winter Haven?



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ADDITIONAL QUESTIONS

Do you have any allergies? No Yes If yes, please explain: _____

Do you have adequate means of transportation? _____

Driver's License # _____ State _____ Expiration _____

Are you a veteran of the U.S. Military service? Yes No

How soon can you start? _____

Availability: Full time Part time Temporary

What position(s) are you most interested in? _____,
_____, _____.

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or in the presence of a non-related medical condition or handicap.

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview may result in termination.

Signature _____ Date _____