

8529 US Hwy 42, Suite 101 Florence, KY 41042 info@uniquelysenise.com 859-282-6555

## APPLICATION FOR EMPLOYMENT

PLEASE FILL OUT ALL INFORMATION COMPLETELY. Uniquely Senise Hair & Nail Salon is an equal opportunity employer and does not discriminate on the basis of race, sex, sexual orientation, age, color, religion, national origin, marital status, veteran status, disability status, or any other basis prohibited by federal, state, or local law. Please let us know if you need accommodations in order to participate in the application process.

PERSONAL INFORMATION				
Date	Social Securi	ity Number		
Name				
Last Address	First	Middle		
Street	City	State	Zip	
How long at this address:	Pho	ne No		
How did you hear about our company?				
EMPLOYMENT DESIRED				
Position	How many h	How many hours would you like to work per week?		
Date you can start	Salary desire	ed		
Explain why you want to work here				
GENERAL BACKGROUND/QUALIFICATIO  Are you employed now?  Manager's name and phone number	If so, may we inc			
How often would you like to participate in s				
Will visa or immigration status prevent lawfo	ul employment? Yes No	_ Are you over the age	of 18? Yes No	
Have you ever been convicted of a crime, c	ther than a minor traffic offense fo	or which the date of conv	iction or prison release	
(whichever is more recent) is within seven y	ears of the date of this application	:? Yes No If so,	please explain:	
(Conviction itself is not an automatic bar to employment.	)			
Will anything interfere with your ability to p	erform, on a regular basis, the du	ties of the job for which y	ou are applying?	
If so, please explain:				
Please list any other skills, licenses, or other	certificates that are job related.			
Special interests			 Do vou bowl?	

(Continued)

## **EDUCATION**

	Date Started	Date Completed	Did you graduate?	Subjects studied and Degree(s) received
High School			Yes No	
College			Yes No	
Cosmetology			Yes No	
Apprentice Program			Yes No	

## **EMPLOYMENT RECORD**

List most recent jobs first, include all jobs, military service and periods of unemployment lasting more than one month.

Date Month/Year	Business name and address/Supervisor	Position/Phone	Final pay rate/Salary Reason for leaving
From:			
То:			
From:			
То:			
From:			
То:			
From:			
То:			

I authorize investigation of all information provided during the application process. I also authorize the employers and persons listed above to give Uniquely Senise all information concerning my previous employment and work history. I release Uniquely Senise, its agents, and the employers and persons listed above from any liability for requesting or providing information to Uniquely Senise about me.

I acknowledge that I have read and understand the above statements. I certify that all my answers to the questions in this application and any other information I may have submitted is true and complete to the best of my knowledge. I understand that giving false or misleading information may reason for denial of employment or termination if hired.

Applicant's signature	Dote	