

Secret MedSpa

Employment Application



WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to sex, race, color, creed, gender, gender identity, religion, marital status, age, spousal affiliation, national origin or ancestry, physical or mental disability, pregnancy, sexual orientation, veteran status, and serious medical condition including genetic characteristics, or any other consideration made unlawful by federal, state, or local laws.

APPLICANT INFORMATION										
Last Name					First			M.I.	Date	
Street Address							Apartment/Unit #			
City				State			ZIP			
Phone				Alternate Phone No						
Date Available				Desired Salary			Position Applied for:			
Availability Check All That Apply	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> After School <input type="checkbox"/> All Schedules <input type="checkbox"/> Holidays <input type="checkbox"/> Overtime <input type="checkbox"/> Summer <input type="checkbox"/>									
Are you legally authorized to work in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Proof of citizenship or immigration status required upon employment							
Have you ever worked for or previously applied with this Company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Do any of your friends or relatives work or have worked for this Company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, name & relation:							
Are you willing to voluntarily submit to a drug / alcohol test?	YES <input type="checkbox"/>	NO <input type="checkbox"/>								
Have you ever been convicted of a misdemeanor or a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							
<i>A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.</i>										
Driver's License Number (If Applicable to Position):						State:				
EDUCATION										
Elementary				Address						
Years Attended	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>							
High School				Address						
Years Attended	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
College				Address						
Years Attended	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
ADDITIONAL GENERAL INFORMATION										
Subjects of special study or special trainings/skills you feel may be helpful to us in considering your application:										

REFERENCES*Please list three professional references:*

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

PREVIOUS EMPLOYMENT

Company		Phone
Address		Supervisor
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone
Address		Supervisor
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone
Address		Supervisor
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

DISCLAIMER AND SIGNATURE

I certify that the information given by me herein is true, accurate, and complete to the best of my knowledge.

I understand that, as part of Secret MedSpa Laser Lashes & Lasik's employment procedure, a routine inquiry may be made which will provide applicable information concerning my employment history, performance and character.

I understand that Secret MedSpa Laser Lashes & Lasik may obtain a search of criminal records and verification of my education and employment history, in connection with this application or during my employment if hired. I have authorized or will be authorizing the obtaining of such reports obtained directly by Secret MedSpa Laser Lashes & Lasik with the use of a third-party crime search database. I hereby authorize all persons or businesses contacted by or on behalf of Secret MedSpa Laser Lashes & Lasik about me to disclose to Secret MedSpa Laser Lashes & Lasik any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. I also authorize the persons named as personal references to provide Secret MedSpa Laser Lashes & Lasik with any pertinent information they may have regarding me. I further understand that my employment with Secret MedSpa Laser Lashes & Lasik is subject to satisfactory completion of this investigation. In addition, I hereby fully release Secret MedSpa Laser Lashes & Lasik, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigations or disclosures.

I understand any false answers or statements or implications made by me in the application, in any interview, or other documents shall be considered sufficient cause for denial of employment or termination of employment if I should be employed by Secret MedSpa Laser Lashes & Lasik. I further understand that my employment with Secret MedSpa Laser Lashes & Lasik is subject to the satisfactory completion of this investigation.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview or in the conduct of such investigation is intended to create an employment contract between Secret MedSpa Laser Lashes & Lasik and myself for either employment or for the providing of any benefit. No promises or representation regarding employment have been made to me and I understand no such promise, representation or guarantee, whenever made, whether written or oral, is binding upon Secret MedSpa Laser Lashes & Lasik unless made in writing by the Karla Pascuale. If any employment relationship is established, I understand that employment with Secret MedSpa Laser Lashes & Lasik is "at will" and if hired, I acknowledge that I have the right to terminate employment, with or without advance notice, for any reason at all, at any time and that Secret MedSpa Laser Lashes & Lasik retains the same right.

If employed, I agree to sign any and all documents, forms & agreements customarily requested by Secret MedSpa Laser Lashes & Lasik of all new hires. In addition, if employed, I agree to sign Secret MedSpa Laser Lashes & Lasik's Non-Solicitation, Non-Disclosure and Non-Compete Agreement, in which I agree to protect and not divulge any confidential information I have gained through employment with Secret MedSpa Laser Lashes & Lasik.

If offered employment with Secret MedSpa Laser Lashes & Lasik, I understand that my employment is contingent upon the presentation of documents establishing my identity and eligibility to work in the United States.

I also understand, that if employed, I will be required to abide by all rules and regulations of Secret MedSpa Laser Lashes & Lasik and to complete satisfactorily a "new employee" period of employment during which I will not be eligible for certain benefits.

**Applicant
Signature**

Date

*****DO NOT WRITE BELOW THIS LINE*****

INTERVIEWED BY: _____ DATE: _____

REMARKS

Hired	For Dept.	Position	Will Report To:	Salary/ wages
Approved:				
_____		_____		
Manager		President / Owner		