

Body Perfections Ltd. - Employment Application Form

11595 E Lakewood Blvd. Holland, MI 49424

616-396-6777

email- bodyperfectionsltd@usa.com

**Please Print All Information Requested
Except Signature**

PLEASE COMPLETE PAGES 1-3.

DATE _____

Name _____
First Last Middle

Present address _____
Number Street City State Zip

Social Security No. _____ - _____ - _____ Email address: _____

Telephone () _____ () _____
home cell

If under 18, please list age _____

Position applying for _____

Salary desired _____ Have you applied for a position with us before? _____ Do you know anyone that currently works for us? _____ If yes, whom? _____

Do you have reliable transportation? _____

Days/hours available to work (Be specific)

No Pref _____ Mon _____ Tue _____ Wed _____ Thur _____ Fri _____ Sat _____

How many hours can you work weekly? _____ Can you work nights? _____ Can you work Saturdays? _____

Employment desired: FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When are you available to start work? _____ Are you currently employed? _____ If so, may we contact your current employer? _____

Current Employer _____ Manager _____ Phone () _____

Education

TYPE OF SCHOOL	NAME OF SCHOOL	ADDRESS	Number of Years Attended	Did You Graduate? If not when?
HIGH SCHOOL				
COLLEGE				
COSMETOLOGY				
OTHER				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? __ No __ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

DO YOU HAVE A DRIVER'S LICENSE? __ Yes __ No
 Driver's license number _____ State of issue _____ Expiration date _____

Please list two references other than relatives or previous employers.

1. Name _____ First Last	2. Name _____ First Last
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
Telephone (____) _____	Telephone (____) _____

Use this space to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Work Experience: Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

1. Name of Employer: _____ _____ Address: _____ City _____ State _____ Zip _____ Phone number (____) _____	Name of last supervisor _____ First _____ Last _____ Phone number (____) _____	Employment Dates: From _____ To _____	Pay or Salary Start _____ Final _____
	Position/Job Title you held: _____ _____		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

2. Name of employer: _____ _____ Address: _____ City _____ State _____ Zip _____ Phone number (____) _____	Name of last supervisor _____ First _____ Last _____ Phone number (____) _____	Employment Dates: From _____ To _____	Pay or Salary Start _____ Final _____
	Position/Job Title you held: _____		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

3. Name of employer: _____ _____ Address: _____ City _____ State _____ Zip _____ Phone number (____) _____	Name of last supervisor _____ First _____ Last _____ Phone number (____) _____	Employment Dates: From _____ To _____	Pay or Salary Start _____ Final _____
	Position/Job Title you held: _____		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

I _____ certify that the information provided on this application is true, correct and complete. This application does not constitute an employment contract, and I certify that the information provided on this application is true, correct and complete. I understand that any misrepresentation or omission may be grounds for discharge from employment whenever discovered. I understand that my submission of this application acts as a release authorizing the employer to obtain copies of information relating to the above completed application including, but not limited to, criminal records and credit references. I also authorize Body Perfections Ltd. permission to check and verify any personal and previous employment references listed on this application. I fully release reporting companies from any liability resulting from the verification process. I also understand that my employment is on an at-will basis and that following completion of a 90-day probationary period, during which time I can be terminated for any reason, I am free to resign or be terminated at any time.

Signature of Applicant _____ Date _____