

## Spa Bella Salons

Point Pleasant, NJ Ocean Grove, NJ Toms River, NJ

| Ő                                                                                                             | Toms River, NJ                                                                                                                                                                     |                                       |       | Spabellaemployment    | @aol.com          |
|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------|-----------------------|-------------------|
| Personal Information                                                                                          | · · · · · · · · · · · · · · · · · · ·                                                                                                                                              |                                       |       |                       |                   |
| Last                                                                                                          | First                                                                                                                                                                              | MI E                                  | Email |                       |                   |
| Street Address                                                                                                | City                                                                                                                                                                               | ST Z                                  | Zip   | Phone                 |                   |
| Are you entitled to work in the United States?                                                                |                                                                                                                                                                                    | Are you 18 or olde                    | er?   | If yes, Date of Birth |                   |
| Have you been convicted of a felony or been incarcerated in connection with a felony in the past seven years? |                                                                                                                                                                                    | If yes, please explain:               |       |                       |                   |
| Military Service? Branch                                                                                      |                                                                                                                                                                                    | Are you a veteran?                    |       |                       |                   |
| What position are you applying for?                                                                           |                                                                                                                                                                                    | How did you hear about this position? |       |                       |                   |
| Location Applying to:                                                                                         | Expected Weekly Earnings                                                                                                                                                           | Date Available                        |       |                       |                   |
| Prior Work Experience                                                                                         |                                                                                                                                                                                    | -                                     |       |                       |                   |
|                                                                                                               | Current or Most Recent                                                                                                                                                             | Prior                                 |       | Prior                 |                   |
| Employer                                                                                                      |                                                                                                                                                                                    |                                       |       |                       |                   |
| Address                                                                                                       |                                                                                                                                                                                    |                                       |       |                       |                   |
| City, ST, ZIP                                                                                                 |                                                                                                                                                                                    |                                       |       |                       |                   |
| Telephone                                                                                                     |                                                                                                                                                                                    |                                       |       |                       |                   |
| Name of Immediate Supervisor                                                                                  |                                                                                                                                                                                    |                                       |       |                       |                   |
| Dates of Employment                                                                                           | From To                                                                                                                                                                            | From T                                | Го    | From                  | То                |
| Position/Job Title                                                                                            |                                                                                                                                                                                    |                                       |       |                       |                   |
| Pay                                                                                                           |                                                                                                                                                                                    |                                       |       |                       |                   |
| Reason for Leaving                                                                                            |                                                                                                                                                                                    |                                       |       |                       |                   |
| May We Contact                                                                                                | YES / NO                                                                                                                                                                           | YES                                   | / NO  | YES                   | / NO              |
| Education                                                                                                     | Name (Location                                                                                                                                                                     | Last Year Complet                     |       | Dograa                | Major or Emphasic |
| High School                                                                                                   | Name/Location                                                                                                                                                                      | Last Year Complet<br>9 10             | 11 12 | Degree                | Major or Emphasis |
| College/University                                                                                            |                                                                                                                                                                                    | 1 2                                   | 3 4   |                       |                   |
| Trade School                                                                                                  |                                                                                                                                                                                    |                                       |       |                       |                   |
| Other                                                                                                         |                                                                                                                                                                                    |                                       |       |                       |                   |
| List any applicable special skills, training or proficiencies.                                                |                                                                                                                                                                                    | <u>.</u>                              |       |                       |                   |
|                                                                                                               |                                                                                                                                                                                    | 1                                     |       |                       | 1_                |
| correct. I understand that falsification of thi                                                               | t the above information, to the best of my knowledge, is<br>s information may prevent me from being hired or lead to my<br>ormer employers to be contacted regarding work records. | Signature                             |       |                       | Date              |