

Employment Application

An Equal Opportunity Employer - Prospective employees will receive consideration without discrimination because of race, religion, national origin, gender, sexual orientation, marital status, handicap or veteran status.

PERSONAL INFORMATION

Name: _____

Address: First Middle Last

 Street City State Zip

Telephone: () ()

 Home Cell Email

Position(s) applying for: _____

Have you ever worked for Aveda or one of its affiliates? Yes No

If "Yes," provide location and dates of employment _____

Are you interested in: Full-time Part-time Temporary/Seasonal

What days/hours are you available to work?

Sunday _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____

Are you willing to work overtime? Yes No

Have you ever been convicted of a crime? Yes No If "Yes," Please explain: _____

EDUCATION INFORMATION

High School: _____ City: _____ State: _____

Did you graduate? Yes No If "No," did you receive a GED? Yes No

Vocation/Trade School: _____ City: _____ State: _____

Years Completed: _____ License(s): _____

Did you graduate? Yes No Degree/Diploma Awarded: _____

College/University: _____ City: _____ State: _____

Years Completed: _____ Degree/Diploma Awarded _____

Did you graduate? Yes No

SKILLS AND QUALIFICATIONS: LICENSES, CERTIFICATIONS, SKILLS, TRAINING

List any information not mentioned elsewhere that relates to the position(s) for which you are applying:

MILITARY

Have you served in the U.S. Armed Forces? Yes No If "Yes," what Branch? _____

Describe any training received relevant to the position for which you are applying:

EMPLOYMENT HISTORYAre you presently employed Yes NoIf "Yes," may we contact your current employer? Yes No

Current employer:

From (mo/yr):

To (mo/yr):

Job Title or Position:

Immediate supervisor:

Ending salary:

Date of last increase:

Incentive Earnings:

Average annual earnings:

Description of job duties:

Reason for leaving:

Previous Employer:

From (mo/yr):

To (mo/yr):

Job Title or position:

Immediate supervisor:

Ending salary:

Date of last increase:

Incentive Earnings:

Average annual earnings:

Description of job duties:

Reason for leaving:

Previous Employer:

From (mo/yr):

To (mo/yr):

Job Title or position:

Immediate supervisor:

Ending salary:

Date of last increase:

Incentive Earnings:

Average annual earnings:

Description of job duties:

Reason for leaving:

PROFESSIONAL REFERENCES

Name:

Years Acquainted:

Telephone:

Email:

Name:

Years Acquainted:

Telephone:

Email:

Name:

Years Acquainted:

Telephone:

Email:

At Will Employment - I acknowledge that if hired, I will be an at will employee. I will be subject to dismissal or discipline without notice, warning or cause at the discretion of the Company. I understand that no representative of the Company, other than the President, has the authority to change the terms of an at will employment and that any such change can occur only in a written employment contract signed by both the President of the Company and me. _____

Authorization - I authorize the Company to obtain information about me from my previous employers, schools and credit sources. I authorize my previous employers, schools that I have attended and credit sources to disclose to the Company such information about me as the Company may request. If the Company decides to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize the Company to do so. If a report is obtained, the Company must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report. _____

Accuracy - The information provided in this Application for employment is true, correct and complete. I understand that if I am hired, any misstatement or omission of fact on this application may result in my immediate dismissal. _____

Initial

Signature: _____

Date: _____