



Montage Salon

2545 W. Old Lincoln Hwy.
Grand Island 381-2731

Application for Employment

We consider applications for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a disability which would not prevent the performance of essential job functions with or without reasonable accommodation. We are an equal opportunity employer.

Please Print In Ink

Full Legal Name: _____

Today's Date: _____ SSN: _____

Street Address: _____

City, State & Zip Code: _____

Home Phone: _____ Mobile Phone: _____

E-Mail Address: _____

How did you learn about us? Ad Internet Agency Friend/ Relative Walk-in
 Other: _____

Employment Eligibility

What is your availability? Full Time Days Permanent
 Part Time Nights Temporary

On what date are available to start work? _____

Proof of citizenship or immigration status will be required upon employment. Are you prevented from lawfully becoming employed in this country because of visa or immigration status? YES NO

If you are under 18 years or age, can you provide required proof of your eligibility to work? YES NO

Have you ever been convicted of a felony? YES NO
If yes, explain. Conviction will not necessarily disqualify an applicant from employment: _____

Are you able to perform the duties of the position for which you are applying: YES NO

Can you travel if the position requires it? YES NO

Are you currently employed? YES NO

May we contact your present employer? YES NO

Have you filed an application with us before? YES NO If yes, when: _____

Have you ever been employed with us before? YES NO If yes, when: _____

Employment Experience

Start with your present or last job. Include any job related military service assignments and volunteer activities.

1. Employer: _____

Start Date: _____

End Date: _____

Start Salary: _____

End Salary: _____

Supervisor: _____

Telephone Number: _____

Job Title: _____

Reason for Leaving: _____

Complete Address: _____

Work Performed: _____

2. Employer: _____

Start Date: _____

End Date: _____

Start Salary: _____

End Salary: _____

Supervisor: _____

Telephone Number: _____

Job Title: _____

Reason for Leaving: _____

Complete Address: _____

Work Performed: _____

3. Employer: _____

Start Date: _____

End Date: _____

Start Salary: _____

End Salary: _____

Supervisor: _____

Telephone Number: _____

Job Title: _____

Reason for Leaving: _____

Complete Address: _____

Work Performed: _____

Skills And Qualifications

Summarize special job related skills and qualifications acquired from employment or other experience.

Education

You may exclude organizations which indicate race, color, religion, gender, national origin, disability, or other protected status.

High School: _____ Last Grade Completed: _____

Complete Address: _____

Undergraduate University: _____ Degree(s): _____

Complete Address: _____

Graduate or Professional School: _____ Degree(s): _____

Complete Address: _____

Course of Study: _____

Honors: _____

Apprenticeships, skills and / or activities: _____

Foreign Languages:

1. _____ Read Write Fluent Good Fair

2. _____ Read Write Fluent Good Fair

Professional, business, trade or civic activities and offices held. You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status.

Have you had any job-related training in the U. S. Military? YES NO

If yes, please explain: _____

References

Please provide three references that are not related to you and are not previous employers.

1. Name: _____ Telephone: _____

Relationship: _____ Length of Time Known: _____

Complete Address: _____

2. Name: _____ Telephone: _____

Relationship: _____ Length of Time Known: _____

Complete Address: _____

3. Name: _____ Telephone: _____

Relationship: _____ Length of Time Known: _____

Complete Address: _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond 60 days should inquire as to whether or not such applications are being accepted.

I hereby understand and acknowledge that any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document, oral promise or by the president of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant: _____ Date: _____

For Human Resources Department Use Only

Interview: YES NO By: _____ Date: _____

Employed: YES NO By: _____ Date: _____

Title: _____ Department: _____

Rate: _____

Other: _____

