



## EMPLOYMENT APPLICATION

### PERSONAL INFORMATION:

\_\_\_\_\_  
Name \_\_\_\_\_ Date

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip

(\_\_\_\_) \_\_\_\_\_  
Home Phone Number \_\_\_\_-\_\_\_\_-\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Suggested Pay \_\_\_\_\_  
Available start date

Have you ever applied with our organization in the past? If yes, for what position?  
 Yes  No

Position Desired: \_\_\_\_\_

### EDUCATION:

High School: \_\_\_\_\_

Business/Trade/Technical: \_\_\_\_\_

College/Post Graduate Ed: \_\_\_\_\_

Computer Skills: \_\_\_\_\_

### EMPLOYMENT: Begin with the most current employment

\_\_\_\_\_  
Company Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Job Title \_\_\_\_\_  
Dates Employed \_\_\_\_\_  
Pay

\_\_\_\_\_ Can we contact: Yes No Reason For Leaving

\_\_\_\_\_  
Company Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Job Title \_\_\_\_\_  
Dates Employed \_\_\_\_\_  
Pay

\_\_\_\_\_ Can we contact: Yes No Reason For Leaving

\_\_\_\_\_  
Company Name                      Phone Number                      Contact Person

\_\_\_\_\_  
Job Title                              Dates Employed                      Pay

\_\_\_\_\_ Can we contact: Yes No Reason For Leaving

\_\_\_\_\_  
Company Name                      Phone Number                      Contact Person

\_\_\_\_\_  
Job Title                              Dates Employed                      Pay

\_\_\_\_\_ Can we contact: Yes No Reason For Leaving

**CUSTOMER SERVICE SKILLS:**

What are three examples of great customer service:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What motivates you (example: education, financial, added job responsibilities, etc):

\_\_\_\_\_

\_\_\_\_\_

Place a check next to the boxes that apply to you:

- Motivated
- Good Communication
- Timely
- Positive personality
- Flexible
- A want to learn
- Keep up with seasonal trends through magazines and books
- Feel comfortable dealing with client conflict issues
- Enjoy direct interaction with clients
- Team player

What are the basic steps to dealing with a stressful situation:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Why do you feel you would be an asset to the salon/spa?

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What are the three top characteristics of your "perfect work environment":

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What days/times are you **NOT** available to work? \_\_\_\_\_

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**AVAILABILITY** Please list the preferred times you are available to work

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Tell us a little about yourself: \_\_\_\_\_

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You may attach a resume to this application.

The information I have given on this application is true and correct to the best of my knowledge; any misrepresentation may subject me to disqualification or dismissal. I hereby grant Solace Day Spa to contact any former employer, educational or training institution, financial, or personal reference for the purpose of obtaining written records or verbal comments. I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between me and Solace Day Spa or the provision of any benefits.

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Applicant Printed Full Name: \_\_\_\_\_

We appreciate you taking the time to fill out this questionnaire so we can learn more about you.

Thank you for your interest in Solace Day Spa. Please mail to:

SOLACE Day Spa @ ALEXANDRIA  
7696-B Richmond Highway  
Alexandria, VA 22306  
703-660-0962