



## Fusion 3 SalonSpa Employment Application

Fusion 3 SalonSpa, an Equal Opportunity Employer

### Please Type or Print

\_\_\_\_\_  
Date                      Last Name                      First Name                      Middle

Present Address

\_\_\_\_\_  
No. & Street                      City                      State      Zip

Permanent Address (if different from present address)

\_\_\_\_\_  
No. & Street                      City                      State      Zip

\_\_\_\_\_  
Preferred Phone      Home Phone

### Employment Desired

Position applying for:

\_\_\_\_\_

Locations available to work at (check all that apply):

Pleasanton                       Livermore                       Brentwood

### Personal Information

Have you ever applied to or worked for Fusion 3 SalonSpa before?  Yes  No

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for Fusion 3 SalonSpa ?  Yes  No

If yes, state name(s) and relationship:

\_\_\_\_\_  
Name                      Relationship

\_\_\_\_\_  
Name                      Relationship

Why are you applying for work at Fusion 3 SalonSpa?

\_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work?  Yes  No

Are you at least 18 years old?  Yes  No

(If under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?  Yes  No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?  Yes  No

If no, describe the functions that cannot be performed.

\_\_\_\_\_



(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?     Yes         No      
 (Convictions for marijuana-related offenses that are more than two years old need not be listed.)

If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances, and the relevance of the offense to the position(s) applied for may, however, be considered.)

**Education, Training and Experience**

School	Name	City, State	# of Years Completed	Did you graduate?	Degree or Diploma
High School					
College, University					
Vocational/ Business					
Other					

**Employment History**

List below all present and past employment history starting with your most recent employer (Five years is sufficient). Account for all periods of unemployment. You must complete this section even if you are submitting a resume.

<b>1</b>	<b>Name of Employer:</b>	Telephone #:
	Type of business:	Supervisor's Name:
	Address & Street	City, State, Zip:
	Dates of Employment:	Weekly Pay:
	Your Position:	Duties:
	Reason for Leaving:	May we contact?



2	<b>Name of Employer:</b>		Telephone #:	
	Type of business:		Supervisor's Name:	
	Address & Street		City, State, Zip:	
	Dates of Employment:		Weekly Pay:	
	Your Position:		Duties:	
	Reason for Leaving:		May we contact?	
3	<b>Name of Employer:</b>		Telephone #:	
	Type of business:		Supervisor's Name:	
	Address & Street		City, State, Zip:	
	Dates of Employment:		Weekly Pay:	
	Your Position:		Duties:	
	Reason for Leaving:		May we contact?	
4	<b>Name of Employer:</b>		Telephone #:	
	Type of business:		Supervisor's Name:	
	Address & Street		City, State, Zip:	
	Dates of Employment:		Weekly Pay:	
	Your Position:		Duties:	
	Reason for Leaving:		May we contact?	



**References**

List below three persons not related to you who have knowledge of your work performance within the last three years.

_____	_____	_____
First Name	Last Name	Telephone No.
_____	_____	_____
Address & Street	City	State Zip
_____	_____	_____
Occupation		No. of Years Acquainted

_____	_____	_____
First Name	Last Name	Telephone No.
_____	_____	_____
Address & Street	City	State Zip
_____	_____	_____
Occupation		No. of Years Acquainted

_____	_____	_____
First Name	Last Name	Telephone No.
_____	_____	_____
Address & Street	City	State Zip
_____	_____	_____
Occupation		No. of Years Acquainted

**Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_ Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure

\_\_\_\_\_ Initials I hereby authorize Fusion 3 SalonSpa to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ Initials I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.



\_\_\_\_\_ Initials      Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company. I am entitled to copies of any such public records obtained by the Company unless I initial below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

\_\_\_\_\_ Initials      I waive a copy of any public record described in the paragraph above.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature

\_\_\_\_\_ Printed