

FORMER EMPLOYERS

List current and last three employers, starting with most recent one first. Please include any non-paid volunteer experience related to the job for which you are applying. Please complete even if you attach a resume.

From To	Current Employer (Name & Address, Type of Business)	Salary or Hourly Wages	Position	Reason for Leaving
		Starting: _____ Ending: _____ Avg # Hours per week ____		
Duties Performed				
Supervisor's Name		Phone Number		May We Contact?
From To	Previous Employer	Salary or Hourly Wages	Position	Reason for Leaving
		Starting: _____ Ending: _____ Avg # Hours per week ____		
Duties Performed				
Supervisor's Name		Phone Number		May We Contact?
From To	Previous Employer	Salary or Hourly Wages	Position	Reason for Leaving
		Starting: _____ Ending: _____ Avg # Hours per week ____		
Duties Performed				
Supervisor's Name		Phone Number		May We Contact?

REFERENCES

Give below the names of three professional references, who you have known for at least one year.

Name	Address & Phone Number	Business	Years Acquainted and How You Know this Person
1			
2			
3			

I hereby authorize Viacara SalonSpa to thoroughly investigate my background, references, employment record and any other matters related to my suitability for employment. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations contacted by Viacara SalonSpa to provide any relevant information regarding my current and/or previous employment and I release all persons, schools, employers of any and all claims for providing such information. I understand that misrepresentation or omission of facts may result in rejection of this application, or if hired, discipline up to an including dismissal. I understand that I may be required to sign a confidentiality and/or non-compete agreement, should I become an employee of Viacara SalonSpa. I understand that nothing contained in this application, or conveyed during any, interview which may be granted, is intended to create an employment contract. I understand that filling out this form does not indicate there is a position open and does not obligate Viacara SalonSpa to hire me. I understand and agree that my employment is at will, which means that for no specified period and may be terminated by me or Viacara SalonSpa at any time without prior notice for any reason. Applicant may omit any conviction for the possession of marijuana (except for the possession of marijuana on school grounds or possession of concentrated cannabis) that are more than two (2) years old, and any information concerning a referral to, and participation in, any pretrial or post trial diversion program.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Date: _____

Signature: _____