



Vicara

an aveda lifestyle salonspa

PERSONAL INFORMATION (PLEASE PRINT)							
FULL NAME				POSITION DESIRED			
ADDRESS				DESIRED SALARY		START DATE	
PHONE NUMBER		EMAIL		I AM INTERESTED IN: FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/>			
ARE YOU AT LEAST 18 YEARS OLD? YES <input type="checkbox"/> NO <input type="checkbox"/>		PLEASE INDICATE YOUR AVAILABILITY					
HAVE YOU EVER BEEN EMPLOYED BY VICARA? YES <input type="checkbox"/> NO <input type="checkbox"/>		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY SUNDAY
IF SO, WHICH LOCATION? WHAT POSITION?							
EMPLOYMENT HISTORY (PLEASE PRINT)							
COMPANY NAME			SUPERVISOR		DATES EMPLOYED		
CITY/STATE			MAY WE CONTACT THIS EMPLOYER ? YES <input type="checkbox"/> NO <input type="checkbox"/>			PHONE NUMBER ()	
STARTING SALARY		ENDING SALARY		REASON FOR LEAVING			
DESCRIBE JOB DUTIES							
COMPANY NAME			SUPERVISOR		DATES EMPLOYED		
CITY/STATE			MAY WE CONTACT THIS EMPLOYER ? YES <input type="checkbox"/> NO <input type="checkbox"/>			PHONE NUMBER ()	
STARTING SALARY		ENDING SALARY		REASON FOR LEAVING			
DESCRIBE JOB DUTIES							
COMPANY NAME			SUPERVISOR		DATES EMPLOYED		
CITY/STATE			MAY WE CONTACT THIS EMPLOYER ? YES <input type="checkbox"/> NO <input type="checkbox"/>			PHONE NUMBER ()	
STARTING SALARY		ENDING SALARY		REASON FOR LEAVING			
DESCRIBE JOB DUTIES							
PROFESSIONAL REFERENCES							
REFERENCE				JOB TITLE/YEARS KNOWN			
ADDRESS				PHONE NUMBER			
REFERENCE				JOB TITLE/YEARS KNOWN			
ADDRESS				PHONE NUMBER			
I CERTIFY THAT ALL OF THE INFORMATION GIVEN ABOVE IS CORRECT.							
SIGNATURE _____				DATE _____			