



SPA AT THE LAKE
900 Ranch Road 620 #A-104
Lakeway, Texas 78734 (512) 263-7611

Application for Employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Date: _____

I. Personal Information

Name: Last _____ First _____ Middle _____

Address _____

RMT License # _____ Texas Cosmetology # _____

TDL# _____ Social Security Number _____

Telephone _____

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Have you ever worked in a salon or Spa? _____ If so, where? _____

Position Applied For: _____

1. Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify: _____

2. Do you have any relatives who are presently (or have formerly been) employed by Spa at the Lake? _____

How were you referred to Spa at the Lake? _____

II. Educational History

School Name/Location	Years Completed	Degree/Diploma
High School _____		
College _____		
Tech. Training _____		
Other _____		

III. Employment Record *Please include all employment for the last five years.*

1.

_____ Company Name (Current or Most Recent Employer)	_____ Position Held
_____ Address	_____ Dates Employed: From To
_____ Manager / Supervisor	_____ Telephone Wage/Salary
_____ Reason for Leaving	

2.

_____ Company Name (Current or Most Recent Employer)	_____ Position Held
_____ Address	_____ Dates Employed: From To
_____ Manager / Supervisor	_____ Telephone Wage/Salary
_____ Reason for Leaving	

3.

_____ Company Name (Current or Most Recent Employer)	_____ Position Held
_____ Address	_____ Dates Employed: From To
_____ Manager / Supervisor	_____ Telephone Wage/Salary
_____ Reason for Leaving	

NOTE: Use a separate sheet to list additional employers, if necessary. We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion.

(Employer's Name)

Reason

(Employer's Name)

Reason

IV. References *Please do not include relatives or former employers.*

1.

Name

Years Known

Address

Telephone

Occupation

2.

Name

Years Known

Address

Telephone

Occupation

3.

Name

Years Known

Address

Telephone

Occupation

V. Work Availability

1. If your application receives favorable consideration, when will you be available to begin work? _____

2. Do you have any objection to working overtime? Yes No

3. Can you work overtime without prior notice? Yes No

4. Can you work on Saturday? Yes No

5. Can you work on Sunday? Yes No

6. Can you work evenings? Yes No

7. Shift Preference: Any a.m. 8:30-1:45 p.m. 1:30-5:30 p.m. 1:30-9:00

VI. Salary / Hourly Rate Requirements

If your application receives favorable consideration, what salary/hourly or commission rate would you require? \$ _____ per _____.