



# EMPLOYMENT APPLICATION

**Date of Application:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**This application must be completed in its entirety. Indicate N/A where information is not applicable.**

## GENERAL INFORMATION (PLEASE PRINT OR TYPE)

FULL NAME _____			
STREET ADDRESS _____		CITY _____	STATE _____
TELEPHONE ( ) _____	SOCIAL SECURITY NUMBER _____	-	ZIP CODE _____

### How Did You Learn About Us?

- Advertisement (Specify Source, such as Newspaper or Internet) \_\_\_\_\_
  Company Website
  Employment Agency  
 Current Employee Referral \_\_\_\_\_
  Walk-in
  Other \_\_\_\_\_

Are you under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?.....Date: ___/___/___	If so, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No On what date would you be available for work? ___/___/___
Have you ever been employed by any Radiance facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?.....Date: ___/___/___	Hours Available: Specify Days & hours: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary
Are you legally eligible for employment in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you related to anyone who is an employee of Radiance MedSpa? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify _____

During the last ten years, have you ever been convicted of a crime other than minor traffic offense?  Yes  No

If yes, please provide details \_\_\_\_\_

**Note:** A criminal conviction does not automatically mean you can not be employed. Factors such as your age at the time of conviction, how long ago the conviction occurred, what the conviction was for and your rehabilitation will be considered. Failure to disclose this information is considered falsification of application.

EDUCATION	NAME AND LOCATION (CITY/STATE) OF SCHOOL	GRADUATED	SUBJECTS STUDIED / DEGREES AWARDED
HIGH SCHOOL		Total Years Completed (Circle) 1 2 3 4 <input type="checkbox"/> Yes <input type="checkbox"/> No	Circle: Diploma GED
COLLEGE		Total Years Completed (Circle) 1 2 3 4 <input type="checkbox"/> Yes <input type="checkbox"/> No	
GRADUATE SCHOOL		Total Years Completed (Circle) 1 2 3 4 <input type="checkbox"/> Yes <input type="checkbox"/> No	
TRADE, BUSINESS, VOCATIONAL OR CORRESPONDENCE SCHOOL			
PROFESSIONAL LICENSES OR CERTIFICATIONS:	TYPE OF LICENSE OR CERTIFICATION	EXPIRATION DATE (IF APPLICABLE)	

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

### PROFESSIONAL REFERENCES:

NAME	PHONE NUMBER	ASSOCIATION (Co-worker, supervisor, friend, etc.)

## EMPLOYMENT HISTORY

Complete in its entirety. Submitting a resume in place of completing this page is insufficient. Please list your last 4 employers, starting with current/most recent.

<b>Employer</b>	<b>Dates Employed</b> From _____ To _____	<b>Summary of Work Performed</b>
Street Address _____		
City _____ State _____ Zip _____	<b>Full Time</b> <b>Part Time</b>	
Telephone Number _____	<b>Intern</b> <b>Temporary</b>	
<b>Position(s) Held</b>	<b>Hourly Rate / Annual Salary</b> Starting _____ Ending _____	
Supervisor's Name _____		
Reason for Leaving _____		
<b>Employer</b>	<b>Dates Employed</b> From _____ To _____	<b>Summary of Work Performed</b>
Street Address _____		
City _____ State _____ Zip _____	<b>Full Time</b> <b>Part Time</b>	
Telephone Number _____	<b>Intern</b> <b>Temporary</b>	
<b>Position(s) Held</b>	<b>Hourly Rate / Annual Salary</b> Starting _____ Ending _____	
Supervisor's Name _____		
Reason for Leaving _____		
<b>Employer</b>	<b>Dates Employed</b> From _____ To _____	<b>Summary of Work Performed</b>
Street Address _____		
City _____ State _____ Zip _____	<b>Full Time</b> <b>Part Time</b>	
Telephone Number _____	<b>Intern</b> <b>Temporary</b>	
<b>Position(s) Held</b>	<b>Hourly Rate / Annual Salary</b> Starting _____ Ending _____	
Supervisor's Name _____		
Reason for Leaving _____		
<b>Employer</b>	<b>Dates Employed</b> From _____ To _____	<b>Summary of Work Performed</b>
Street Address _____		
City _____ State _____ Zip _____	<b>Full Time</b> <b>Part Time</b>	
Telephone Number _____	<b>Intern</b> <b>Temporary</b>	
<b>Position(s) Held</b>	<b>Hourly Rate / Annual Salary</b> Starting _____ Ending _____	
Supervisor's Name _____		
Reason for Leaving _____		

**OTHER APPLICABLE SKILLS:**

Data Entry \_\_\_\_\_ wpm.      \_\_\_\_\_ Word      \_\_\_\_\_ Excel      \_\_\_\_\_ Power Point  
 Other Software Skills \_\_\_\_\_ Business Machines You Can Operate \_\_\_\_\_

**NOTICE TO THE APPLICANT  
PLEASE READ CAREFULLY BEFORE SIGNING**

**Radiance MedSpa** is an equal opportunity employer; therefore, the Organization openly supports and is fully committed to the recruitment, selection and hiring of individuals without regard to race, color, creed, sex, national origin, religion, age, disability, or veteran status.

**Accuracy/Verification of Information**

I promise that the information provided in this Application (and accompanying resume, if any) is true and complete, to the best of my knowledge, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment, if discovered at a later date.

I authorize the investigation of all statements contained in this application (and accompanying resume, if any). I also authorize the Organization to contact my references and past employers to obtain information concerning my past experiences, education and personal character.

I authorize any person, school, current employers, past employer(s), organizations, and agencies to provide the Company with relevant information and opinion that may be used in employment decisions. In consideration of the Company's review of this application, I release it and all providers of information from any liability as a result of furnishing and receiving this information.

**Conditions of Employment if Offered**

I understand that if I am employed by the Company, and as a condition of my continued employment by the Company, I may be required to execute employee agreements with the Company regarding patents and inventions, confidential information, and conflicts of interest, including confidentiality, non-compete, and/or non-solicitation agreements. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by myself and the President & CEO or designee.

I understand that this Application is not, and is not intended to be, a contract of employment. I understand and agree that, if hired, my employment is for no definite period of time, and may be terminated at any time.

I further acknowledge, agree and understand that, if hired, my employment is subject to the policies and procedures of the Organization, and that such policies and procedures may be issued and amended at the discretion of the Organization without prior notice. The content of the policies and procedures of the Organization as issued and/or amended does not constitute a contract of employment.

I hereby declare that to the best of my knowledge and belief, the information given on this application is accurate and complete. I have read and understand the above information.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**THANK YOU FOR COMPLETING THIS APPLICATION. YOUR INTEREST IN THE COMPANY IS APPRECIATED.**