

DOCUMENT DISCLAIMER COVER PAGE

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EMPLOYMENT APPLICATION

1. Employer: NY Nails
Address: Bradfordville Center
6753 Thomasville Rd
Suite 114
City/State/Zip: TALLAHASSEE, Florida 32309
Telephone: (850) 894-0522
Fax: (850) 894-0626

It is the policy of NY Nails of Tallahassee to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

2. Applicant Name: _____
Address: _____
City/State/Zip: _____
Number of years at this address: _____
Daytime phone: _____ Evening phone: _____
Social Security Number: _____

3. Who should be contacted if you are involved in an emergency?
Contact Name: _____
Relationship to you: _____
Address: _____
City/State/Zip: _____
Daytime phone: _____ Evening phone: _____

4. Job Position Applied For: _____

5. Salary Desired: \$ _____ per _____

6. Referral Source: Who referred you to our company?

7. Have you applied to our company previously? _____ Yes _____ No

If yes, when? _____

8. Are you at least 18 years old? _____ Yes _____ No

9. How will you get to work? _____

10. Driver's License Number: _____

What state issued your license? _____

11. Are you willing to work any shift, including nights and weekends? _____ Yes _____ No
If no, please state any limitations:

12. If you are offered employment, when would you be available to begin work?

13. Are you legally eligible for employment in the United States?

_____ Yes

_____ No

14. Are you able to perform the essential functions of the job position with or without reasonable accommodation? _____ Yes _____ No

What reasonable accommodation, if any, would you require?

15. Have you ever been convicted of any crime, including traffic violations?

_____ Yes _____ No If yes, please describe:

THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF EMPLOYMENT.

16. Applicant Employment History: List your current or most recent employment first.

Employer Name: _____

Address: _____

City/State/Zip: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Employer Name: _____

Address: _____

City/State/Zip: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Employer Name: _____

Address: _____

City/State/Zip: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

17. Applicant's Education and Training: List your education and training.
High School Name and Address

Last Grade? ____ 9 ____ 10 ____ 11 ____ 12 Diploma? _____ Yes _____ No

College Name and Address

Did you receive a degree? _____ Yes _____ No If yes, degree received:

Other Training (graduate, technical, vocational):

Awards, Honors, Special Achievements:

18. Applicant's Skills: List any skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

Ability or Skill	Years of Experience					
Rating						
_____	_____		1	2	3	4 5
_____	_____		1	2	3	4 5

19. References: List any two people who would be willing to provide a reference for you.

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Relationship: _____

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Relationship: _____

20. Please provide any other information that you believe should be considered:

CERTIFICATION

I certify that the information provided on this Application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my Application, or if employment commences, immediate termination.

I authorize NY Nails to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE