

Please complete this application **entirely** and return to one of our locations to the manager or fax to 952.949.3400:

995 prairie center drive • eden prairie • 952.949.1313 • 612.333.0300 • 1201 harmon place (downtown) • minneapolis
 tonka village center • excelsior • 952.474.4412 • 952.253.4500 • prairie village center • eden prairie

For questions regarding the status of your application please e-mail us at HR@sanctuaryspa.com

Name: _____

First Last

Address: _____

Street City, State, Zip

Phone: _____

Home Cell

Email: _____

Referred By: _____

Have you been employed with us before? Yes No

If yes, please give dates. _____

Are you legally eligible for employment in the U.S.? Yes No

(Proof of U.S. citizenship or immigration status will be required)

Have you been convicted of a felony in the past 7 years?

Yes No If yes, please explain briefly. _____

Do you know anyone currently employed with our company?

Yes No If yes, who? _____

What is your relationship to this person? _____

Are you currently licensed? Yes No

License # _____ State _____

If yes, what field? this person? _____

Cosmetology, Massage Therapy, Esthetician, Nail Technician, Other

Cosmetology School Attended / Attending: _____

City & State _____ Date of Graduation _____

Please Tell us about any community service or volunteer work you have done recently. _____

What are some of the goals you hope to achieve within the next 2 years?

Please list all advanced courses, training, seminars you have attended in the last 2 years. _____

Please list all professional memberships that are beneficial for your work in this position? _____

Date: _____

Position Applying For:

- Stylist - New
- Stylist - experienced
- Esthetician
- Massage Therapist
- Nail Technician
- Advisor / Front Desk
- Guest Services
- Team Leader/Management
- Other _____

Availability:

| | |
|------------------|--|
| SUNDAY | |
| MONDAY | |
| TUESDAY | |
| WEDNESDAY | |
| THURSDAY | |
| FRIDAY | |
| SATURDAY | |

How many hours per week can you work? (please circle)

25 30 35 35 40

If hired, when would you be able to start? _____

This space for office use only

Work History: (start with present or most recent)

| | |
|-------------------------|---|
| Employer: _____ | Dates Employed: From ____/____/____ To ____/____/____ |
| City and State: _____ | Salary or Hourly: Starting: _____ Ending: _____ |
| Type of Business: _____ | Avg Hrs/week _____ |
| Position: _____ | Reason for Leaving: _____ |
| Duties: _____ | Supervisor Name: _____ |
| _____ | Number: _____ May we contact: _____ |

| | |
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| Education: | Name & Location | Years Completed | Did you graduate?/ Degree earned |
|------------------------------------|-----------------|-----------------|-------------------------------------|
| High School | | | |
| College | | | |
| Specialized/Course Training | | | |

| PROFESSIONAL REFERENCES: | | | | |
|--------------------------|--------------|----------|-------------------------|-------------|
| NAME | PHONE NUMBER | BUSINESS | OCCUPATION/RELATIONSHIP | YEARS KNOWN |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

I hereby authorize Sanctuary Salonspa to thoroughly investigate my background, references, employment record and other matters related to my suitability for employment. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations contacted by Sanctuary Salonspa to provide any relevant information regarding my current and/or previous employment and I release all persons, schools, and employers of any and all claims for proving such information. I understand that misrepresentation or omission of facts may result in rejection of this application, or if hired, discipline up to and including dismissal. I understand that I will be required to sign a confidentiality and non-compete agreement, should I become employed by Sanctuary Salonspa. I understand that nothing contained in this application, or conveyed during any interview (which may or may not 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 Sanctuary Salonspa to hire me. I understand and agree that employment is at will, which means that it is not for any specified period and may be terminated by me, or Sanctuary Salonspa at any time without prior notice for any reason.

SIGNATURE: _____ DATE: _____