



Gervais Day Spa & Salon
111 North Central Avenue
Medford, Oregon 97501
(541) 779-7100
info@gervaisdayspa.com
www.gervaisdayspa.com

Application for Employment

Personal Information

Last Name:	First Name:	Middle Name:	
Social Security Number:	Home Phone:	Cell Phone:	
Address:	City:	State:	Zip:
Email Address:	Referred By:		

Employment Desired

Position:	Date you can start?	Salary Desired	
Are you employed now?	If so, may we inquire of your current employer?	Ever applied with Gervais before?	
Are you legally authorized to work in the US?	If you applied with Gervais before, when?		

Education History

	Name & location of school	Years attended	Did you graduate?	Subjects studies
HIGH SCHOOL				
COLLEGE				
TRADE OR BUSINESS SCHOOL				

General Information

Subjects of special study/research:			
Special training:			
Special skills:			
Are you a veteran?	Branch of service:	Rank:	

Former Employers (List below last employers, starting with the most recent first)

DATE OF EMPLOYMENT	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING

Continued on other side

References (Below, give the names of three persons not related to you, whom you have known at least one year.)

NAME	ADDRESS	BUSINESS	YEARS KNOWN

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representatives of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date: Signature: _____

Office Use Only - do not write below this line

Interviewed by: _____ Date: _____

Remarks

Neatness: _____ Character: _____

Personality: _____ Ability: _____

Hired: _____ Position: _____ Will Report: _____ Salary: _____

Approved by: _____ Date: _____