

12. Forms



12.21 EMPLOYMENT APPLICATION

Position Applying for: _____

Date: _____

How did you hear about Donato Salons + Spa?

Newspaper Ad Salon Sign

Walk In Referred By Donato Employee Employee Name : _____

Have you ever worked at Donato before? (Y/N): _____

1. Personal Information (Please print clearly)

First Name		Middle Name	Last Name		
Address <small>Street</small>		City		Prov.	Postal Code
Home Telephone #	Cell Telephone # <small>(if you do not have a cell, please specify a secondary contact #)</small>		How long at present address?		Are you legally entitled to work in Canada?
			Years	Months	Yes <input type="checkbox"/> No <input type="checkbox"/>
Emergency Contact <small>First Name</small>		<small>Last Name</small>		Relation to applicant	Telephone #

2. When can you work? (Please print clearly)

Please indicate your availability by specifying the hours that you are available to work. Note: Working weekends and evenings is a required component of any job at Donato Salons + Spa.

How many hours per week do you wish to work?

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
From							
To							

Date you can start Type of position desired? Full Time Part Time Temporary Preferred Location: Square One Yorkdale

A good attendance record is critical at Donato Salons + Spa. Is there anything that would force you to be consistently late or have any other attendance issues?

Yes No If Yes, please explain: _____

3. Work history (Please print clearly)

Beginning with your most RECENT experience describe your work history. You may include relevant volunteer positions. In the area "Duties and Skills", describe the major duties and skills acquired/used as they relate to the position you are applying for. Attach additional pages if required.

Are you currently employed? Yes No

1	Job Title _____	Employment Dates Start Date: <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> Ending Date: <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Starting Salary _____ Ending Salary _____
Company Name _____ Type of Business _____		Company Address _____ Phone: _____	Supervisor's Name _____ Supervisor's Title _____	
Number of employees you supervised: _____		Reason for leaving _____		
Duties and Skills _____ _____ _____				
2	Job Title _____	Employment Dates Start Date: <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> Ending Date: <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Starting Salary _____ Ending Salary _____
Company Name _____ Type of Business _____		Company Address _____ Phone: _____	Supervisor's Name _____ Supervisor's Title _____	
Number of employees you supervised: _____		Reason for leaving _____		
Duties and Skills _____ _____ _____				
3	Job Title _____	Employment Dates Start Date: <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> Ending Date: <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Starting Salary _____ Ending Salary _____
Company Name _____ Type of Business _____		Company Address _____ Phone: _____	Supervisor's Name _____ Supervisor's Title _____	
Number of employees you supervised: _____		Reason for leaving _____		
Duties and Skills _____ _____ _____				

4. Education (Please print clearly)

HIGH SCHOOL

Are you currently in High School? (Y/N) _____ Did you graduate High School? (Y/N) _____ How many grades have you completed? _____

COLLEGE / TRADE SCHOOL

Are you currently enrolled in College? (Y/N) _____ If Yes, when are you graduating? _____

Have you ever attended College? (Y/N) _____ Name of College : _____ Program: _____

Did you graduate? (Y/N) : _____ Diploma: _____ If not, please explain : _____

UNIVERSITY

Are you currently enrolled in University? (Y/N) _____ If Yes, when are you graduating? _____

Have you ever attended University? (Y/N) _____ Name of University : _____ Program: _____

Did you graduate? (Y/N) : _____ Degree _____ If not, please explain : _____

Are you planning on returning to school? (Y/N): _____ If Yes, when? _____

5. Other skills & talents (Please print clearly)

List any other skills that may help you at Donato Salons + Spa:

List some of your interests and activities, including volunteer work, awards, and honours:

6. Professional references (Please print clearly)

Reference checks will be conducted to assess your past work performance and may include checks of attendance records. In addition to the references identified in the "Work History" section, you may wish to provide other professional references related to your work experience. If any references have known you by another name, please specify.

NAME	COMPANY	TELEPHONE #	RELATIONSHIP	# OF YEARS KNOWN

7. Applicant Signature

- Please read carefully before signing. This application is not valid unless signed by the applicant.
- I certify that the information provided in this application and/or attachments & resume is true and complete. I understand that if any information provided here is found to be untrue or incomplete, my application may be rejected or I may be dismissed with cause in the event that I am the successful applicant.

X _____

DATE:

D		D		M		M		Y		Y
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