

APPLICATION FOR EMPLOYMENT

Please note: Incomplete or inaccurate information may disqualify you from further consideration.

Personal Information:

Name _____

Address _____

Phone Number _____ Email Address _____

Social Security Number (for background checks) _____

Are you at least 18 years or older? (check one) Yes No

If "no," you may be required to provide an authorization to work.

Have you ever been fired from a position or asked to resign by an employer? Yes No

If "yes," please provide company names, dates and details.

Have you ever been charged (as a youth or adult) with a crime where you plead guilty, were found guilty or entered into a plea bargain? Yes No

If "yes," please provide dates and details of the charge.

We've provided you with a list of the essential functions of the job for which you are applying. Are you able to perform these functions, either with or without accommodation? Yes No

Employment Desired

Position desired _____

Date you can start _____

Annual earnings you'd like to be earning (specify as a range) _____

Are you currently employed? _____

If so, may we contact your present employer? Yes No

Employment History

List the last seven years of your employment history, including periods of unemployment, starting with the most recent and working backward in time.

Incomplete information could disqualify you from further consideration.

From	To	Employer Name	Telephone
Job Title		Street Address, City, State	
Immediate supervisor/title		Summarize the nature of the work performed and the job responsibilities	
Annual earnings & hours/week		Reason for the employment ending	

From	To	Employer Name	Telephone
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Immediate supervisor/title		Summarize the nature of the work performed and the job responsibilities	
Annual earnings & hours/week		Reason for the employment ending	

List other employment history in the last seven years:

Education History

EDUCATION	Name & location of school	# of years attended	Degree	Subjects studied/Major
High School				
College				
College				
Trade, Business or Correspondence School				

Residence History

List the places that you have lived in the last seven years, starting with the most recent and working backward in time. Incomplete information could disqualify you from further consideration.

Street and Apt #, if any	City	State	Zip Code

References

List the names of three references, not related to you, whom you have known for at least three years.

Name	Phone and Email	Organization	Year Acquainted

Licensing/Certifications/Skills

What licenses, certifications or other designations do you hold that are current?

Do you have any special skills, experience or training that would enhance your ability to perform the position you applied for? If "yes," explain.

List the computer software that you have extensive experience using.

Software	What have you used the software for?	What are the most complex features that you know and have used?

Please read carefully before signing.

DeFatta Facial Plastics (hereafter referred to as the "organization") is an equal opportunity employer. The organization does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, disability, military status or unfavorable discharge from military service.

By signing this document, I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the organization to hire me. If I am hired, I understand that the organization or I can end my employment at any time for any reason, with or without cause and without prior notice. I understand that no representative of the organization has the authority to make any assurance to the contrary.

I attest with my signature below that I have given true and complete information on this application to the organization. No requested information has been concealed. I authorize the organization to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal from employment.

Date

Signature

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.