

INSTRUCTIONS:

Save this to your desktop.
Double click the file, fill it out,
save it, and send it back to us.

DATE: _____

TELL US ABOUT YOU.

Name _____

Email _____ Phone Number _____

Address _____

Why do you want to work at Spa La Posada? _____

Why would you be good for Spa La Posada? _____

Tell us a bit about yourself: _____

Which position are you interested in?

Not Licensed:

Makeup Artist Receptionist Sales Associate

Licensed:

Hair Stylist Barber Nail Tech Esthetician Massage Therapist

Do you have a certification or degree from an accredited makeup school? Yes No

If yes, which one? _____

Which hours and days would you want to work? Full-Time Part-Time

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNING							
AFTERNOON							

Please include your resume and a picture of yourself and email it to careers@spalaposada.com

We look forward to hearing from you!

Current Employer _____

Current Position _____

Dates Employed _____

Supervisors Name _____

Supervisors Number _____

Reason for Leaving _____

Previous Employer _____

Previous Position _____

Dates Employed _____

Supervisors Name _____

Supervisors Number _____

Reason for Leaving _____

CERTIFICATION:

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ANSWERS AND STATEMENTS GIVEN ARE CORRECT.

I AUTHORIZE ALL MY FORMER EMPLOYERS, SCHOOLS, AND REFERENCES TO GIVE ANY INFORMATION THEY MAY HAVE REGARDING ME WHETHER OR NOT IT IS ON THEIR RECORDS.

IF UPON INVESTIGATION ANYTHING CONTAINED IN THIS APPLICATION IS FOUND TO BE UNTRUE, I UNDERSTAND THAT I MAY NOT BE HIRED OR MY EMPLOYMENT MAY BE TERMINATED.

I UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF EITHER THIS COMPANY OR MYSELF.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

DATE _____

SIGNATURE _____