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Hair Design

Manicures

Pedicures

Facials

Makeup

Waxing

Massage

Body Treatments

Application For Employment

Please fill-out the application completely.
Applications not fully completed will not be considered for employment.



Personal Data	Last Name		First Name	Middle Initial	Date:	
	Street Address				Home Telephone ()	
	City		State	Zip	Business Telephone ()	
	Age, if minor or over 64:	Social Security (needed for background check):		Date of Birth (needed for background check):		Position Desired
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No How did you hear about us:				Employment Term Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
	Are you able to: Work Consistently - <input type="checkbox"/> Yes <input type="checkbox"/> No Work Overtime - <input type="checkbox"/> Yes <input type="checkbox"/> No Overnight Travel - <input type="checkbox"/> Yes <input type="checkbox"/> No If no to any of the above, please explain:				Minimum Wage Required per	
Who would you like us to notify in an emergency?						
Name:		Relationship:		Home Phone:	Work Phone:	

General Data	Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:				
	Do you have any friends or relatives in our employ, or with any competitors? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:				
	Do you hold a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No State: Lic #: Type:				

Education	School Attended	Last Level Completed	Diploma/Degree/Certification
	High School Name: City: State:	9 10 11 12	Diploma <input type="checkbox"/> GED <input type="checkbox"/>
	College/University Name: City: State:	1 2 3 4	Enrolled in classes currently: <input type="checkbox"/> Rec. Assoc. Degree: <input type="checkbox"/> Rec. Bach Degree: <input type="checkbox"/> Grad Date: _____ Grad Date: _____
	Hair / Skin / Nail / Massage School Name: City: State:	N/A	Enrolled in classes currently: <input type="checkbox"/> Grad Date: _____ State Lic. #: _____
	Additional Training / Skill Sets:		



Employment History	Company Name:	Telephone: ()
	Address:	Term Employed: From: To:
	Name of Supervisor:	Salary: Per
	State job title and description or work:	Reason for leaving: May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

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Personal References	Name: Years Acquainted:	Relationship: Phone #:
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Term of Employment (TOE) Disclosure

The items below will serve to provide notice of all Innovations "Terms of Employment" as described below.

1. Required Background Check Authorization To include:
 - a. Criminal Check
 - b. Sex Offender
 - c. Educational Verification
 - d. Reference Check
 - e. State License and/or Certificate Verification (*all licensed service providers*)
 - f. *Credit Check (*guest services providers*).
2. Non-compete/Non-Solicit Agreement Signature.
3. Mandatory Attendance to all Innovations "All-Hands", "Department", and "On-site Educational/Training Classes".

*The FCRA Statement and Credit Check Authorization below is applicable to candidates **applying for a guest services position only.**

As required by the Fair Credit Reporting Act, this is to advise you that, in connection with your application for employment, Innovations The Salon & Spa may obtain information about you from a consumer reporting agency. Information requested may regard your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

Prior to taking an adverse action based, in whole or part, on the information contained in your consumer report, Innovations The Salon & Spa will provide you with a Notification of Pre-Adverse Action that will accompany a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

I acknowledge receipt of the above notice and I authorize Innovations The Salon & Spa to obtain a consumer report.

Print Name: _____ Signature: _____ Date: _____

Date of Birth: _____ Social Security Number: _____



Please read and understand this statement before signing your application:

I _____, hereby acknowledge that the information I have provided in this application for employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am offered employment, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions, state license and/or certificates (service providers), criminal review and personal references to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

Additionally, I have been informed of the attached terms of employment prior to any formal interview process and/or offer of employment. I also understand that by signing this application and terms of employment disclosure, that it is not intended to be a contract, express or implied. All employees, except those employed pursuant to a written employment contract for a specified term, are employed "at-will." This means that either Innovations or the employee may terminate the employment relationship at any time, for any reason. It is simply acknowledging that the listed Terms of Employment have been provided prior to any offer of employment. Only John St. Laurent General Manager of Innovations The Salon & Spa has authority to bind Innovations to a written employment contract.

I fully understand and accept all terms and conditions in the above statement.

Printed Name of Applicant

Signature of Applicant

Date

