

# APPLICATION FOR EMPLOYMENT

## *Shine in the Heights*

Shine in the Heights is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

### APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Position(s) applied for or type of work desired: \_\_\_\_\_

\_\_\_\_\_

How were you referred to Shine in the Heights? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have an active license to perform cosmetologist or barber services? \_\_\_\_\_

License Number(s): \_\_\_\_\_ State(s) where License is active \_\_\_\_\_

Please list any job-related training, skills, licenses, certifications, and/or other qualifications:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date you will be available to start work: \_\_\_\_\_

Are you able to meet the attendance requirements? Yes / No

Do you have any objection to working overtime if necessary? Yes / No

Can you travel if required by this position? Yes / No

Are you available to work weekends? Yes / No

Are you available to work evenings? Yes / No

Have you ever been previously employed by Shine in the Heights? Yes / No  
Can you submit proof of legal employment authorization and identity? Yes / No  
If you are under 18, can you furnish a work permit if it is required? Yes / No  
Have you ever been convicted of a crime in the last 7 years? Yes / No  
If yes, please explain (a conviction will not automatically bar employment): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL HISTORY**

List school name and location years completed, course of study, and any degrees earned:  
High School: \_\_\_\_\_  
College: \_\_\_\_\_  
Technical Training: \_\_\_\_\_  
Cosmetology / Barber School: \_\_\_\_\_  
Other: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Dates employed \_\_\_\_\_ to \_\_\_\_\_ Supervisors Name \_\_\_\_\_  
Job Title \_\_\_\_\_ Final rate of pay \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Dates employed \_\_\_\_\_ to \_\_\_\_\_ Supervisors Name \_\_\_\_\_  
Job Title \_\_\_\_\_ Final rate of pay \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Dates employed \_\_\_\_\_ to \_\_\_\_\_ Supervisors Name \_\_\_\_\_

JobTitle \_\_\_\_\_ Final rate of pay \_\_\_\_\_

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

### REFERENCES

List three (3) references names, telephone numbers, and years known (do not include relatives or employers).

	Name	Phone	Years Known
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Date you are available to start? \_\_\_\_\_

### WORK AVAILABILITY

Please fill out the following chart with your availability:

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
9am							
10am							
11am							
12pm							
1pm							
2pm							
3pm							
4pm							
5pm							
6pm							
7pm							
8pm							
9pm							

I understand that this Application for Employment is not a job offer or a conditional job offer. I hereby authorize Shine in the Heights to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability Shine in the Heights and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered. If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time.

I understand Shine in the Heights may test me for drugs or alcohol only after making a conditional offer of employment. I understand that if Shine in the Heights withdraws the job offer based on a positive test, Shine in the Heights will inform me.

I understand that it is the policy of Shine in the Heights is not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the Americans with Disabilities Act or otherwise known as the ADA.

I also understand that if I am employed by Shine in the Heights, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_