

MAXIMUM FX SALONS
Employment Application



APPLICANT INFORMATION															
Last Name				First				M.I.		Date					
Street Address						Apartment/Unit #									
City				State				ZIP							
Phone				E-mail Address											
Date Available				Social Security No.				Desired Salary							
Position Applied for															
Are you 18 or older?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		Are you legally able to be employed in the U.S.?				YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Have you ever worked for this company?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?							
Do you have a friend or relative in our employ?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, who?							
How did you hear of the position?															
EDUCATION															
High School				Address											
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree					
College				Address											
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree					
Other				Address											
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree					
REFERENCES															
<i>Please list three personal references.</i>															
Full Name						Relationship									
Company						Phone									
Address															
Full Name						Relationship									
Company						Phone									
Address															
Full Name						Relationship									
Company						Phone									
Address															

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

AVAILABILITY

Total hours available per week: _____

Hours of availability:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge and understand that any false or misleading information given, or the omission of any pertinent information may result in my discharge at any time, if I am hired. I hereby authorize the Company to investigate my record with my former employers and personal references. If hired, I agree to abide by the policies, rules, and expectations of the Company. I also understand that my employment is "at will" and that I can resign at any time and that I can be terminated at any time. Nothing herein or during my employment shall be considered an employment contract.

Signature

Date