

Indulge Employment Application

Programs, services, and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application interview.

Fax with cover letter to
717-846-1838

Mail with cover letter to
Indulge
970 S. George St.
York PA 17402

APPLICATION DATA

How were you referred to us?

Position applied for:

Drop off at any Indulge Salon

Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Mobile/Pager/Other: _____ E-mail: _____

Date Available to Start: _____ Social Security #: _____ Salary Requirement _____

Type of employment desired: Full-Time Part-Time Temporary Seasonal

What are your financial goals for the next 5 years? _____

How do you expect to attain those goals? _____

What are your career goals with Indulge? _____

How do you expect to attain them? _____

What type of marketing do you do to increase sales? _____

If you are under 18 and we require a work permit, can you furnish one? Yes No

If no, please explain: _____

Have you ever worked for this salon? Yes No If yes, when? _____

Are you a citizen of the United States? Yes No

If not, are you legally allowed to work in the United States? Yes No

Education (include years attended): _____

Have you ever pleaded "guilty," "No contest," or been convicted of a crime? Yes No

If yes, give dates and details: _____

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Driver's license number if applicable to position: _____ State: _____

WHY SHOULD WE HIRE YOU?

Include special skills and education that will enhance your position at Indulge, plus any other comments you would like to add.

PREVIOUS EMPLOYMENT (begin with most recent position):

Date of Employment: From ___/___/___ To ___/___/___ Position(s) Held _____

Firm: _____ Address: _____

Phone: (____) _____ Supervisor's Name: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Date of Employment: From ___/___/___ To ___/___/___ Position(s) Held _____

Firm: _____ Address: _____

Phone: (____) _____ Supervisor's Name: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Date of Employment: From ___/___/___ To ___/___/___ Position(s) Held _____

Firm: _____ Address: _____

Phone: (____) _____ Supervisor's Name: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal employment, education, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____