

RECEIVED: ____/____/____



Application for Employment

PREMIER BEAUTY & SPA GUAM, INC. (PBS) IS AN EQUAL OPPORTUNITY EMPLOYER. OUR POLICY IS TO EMPLOY QUALIFIED INDIVIDUALS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, ANCESTRY, DISABILITY, VETERAN'S STATUS, CITIZENSHIP OR ANY OTHER CLASSIFICATION PROTECTED UNDER GUAM OR FEDERAL LAW. TO HELP US ASSESS YOUR EMPLOYMENT OPPORTUNITY WITH US, WE ASK THAT YOU COMPLETE ALL PORTIONS OF THIS APPLICATION FORM. THANK YOU.

GENERAL INFORMATION

NAME (LAST, FIRST, MI)			DATE OF APPLICATION	
MAILING ADDRESS		CITY	STATE	ZIP CODE
HOME PHONE	CELL PHONE	EMAIL ADDRESS	SOCIAL SECURITY NUMBER	
DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES?		ARE YOU AT LEAST EIGHTEEN (18) YEARS OF AGE?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU APPLIED FOR A JOB WITH US BEFORE?		IF YES, PROVIDE WHEN AND POSITION		
<input type="checkbox"/> YES <input type="checkbox"/> NO				
ARE YOU RELATED TO ANYONE EMPLOYED AT PBS?		IF YES, PROVIDE NAME AND RELATIONSHIP		
<input type="checkbox"/> YES <input type="checkbox"/> NO				
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB YOU ARE APPLYING FOR, WITH OR WITHOUT REASONABLE ACCOMMODATION?				<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN? <input type="checkbox"/> NO <input type="checkbox"/> YES, PLEASE EXPLAIN:				

EMPLOYMENT INTEREST

THE POSITION YOU ARE APPLYING FOR: _____

EDUCATION

TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE	DEGREE RECEIVED	MAJOR
HGH SCHOOL					
JR. COLLEGE/COLLEGE					
GRADUATE SCHOOL					
OTHER					

ADDITIONAL SKILLS

WHAT LANGUAGES DO YOU SPEAK OR WRITE FLUENTLY? ENGLISH: () SPEAK () WRITE / OTHER: _____ () SPEAK () WRITE

DO YOU HAVE KNOWLEDGE IN COMPUTER APPLICATIONS? () YES () NO IF 'YES', PLEASE LIST BELOW:

Premier Beauty & Spa Guam, Inc. 231 Ypao Rd. Suite 101 Ernst & Young Bldg. Tamuning, Guam 96913
671-646-3860

YOUR WORK AVAILABILITY

CHECK THE HOURS THAT YOU CAN WORK EACH DAY OF THE WEEK

CHECK THE DAYS YOU CAN WORK:

MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
SATURDAY	
SUNDAY	
AVAILABLE ANYTIME	

		<u>MORNING</u>		<u>AFTERNOON</u>		<u>NIGHT</u>	
		FROM	TO	FROM	TO	FROM	TO
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							
AVAILABLE ANYTIME							

REFERENCES - LIST TWO REFERENCES WHO ARE NOT RELATED TO YOU

	NAME & ADDRESS	TELEPHONE	OCCUPATION	YEARS KNOWN
1		HM		
		WK		
2		HM		
		WK		

EMPLOYMENT HISTORY STARTING WITH YOUR MOST RECENT EMPLOYER

EMPLOYER (1)			ADDRESS		
TYPE OF BUSINESS		NAME & TITLE OF IMMEDIATE SUPERVISOR		TELEPHONE	
<u>DATES EMPLOYED</u>		<u>SALARY</u>		<u>STATUS</u>	
FROM	TO	STARTING	FINAL	<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME
YOUR POSITION TITLE AND DESCRIPTION OF DUTIES				REASON FOR LEAVING	
MAY WE CONTACT THIS EMPLOYER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF NO, STATE REASON		YOUR NAME THEN, IF DIFFERENT

EMPLOYER (2)			ADDRESS		
TYPE OF BUSINESS		NAME & TITLE OF IMMEDIATE SUPERVISOR		TELEPHONE	
<u>DATES EMPLOYED</u>		<u>SALARY</u>		<u>STATUS</u>	
FROM	TO	STARTING	FINAL	<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME
YOUR POSITION TITLE AND DESCRIPTION OF DUTIES				REASON FOR LEAVING	

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MAY WE CONTACT THIS EMPLOYER?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, STATE REASON	YOUR NAME THEN, IF DIFFERENT
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EMPLOYER (3)	ADDRESS
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TYPE OF BUSINESS	NAME & TITLE OF IMMEDIATE SUPERVISOR	TELEPHONE
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DATES EMPLOYED		SALARY		STATUS	
FROM	TO	STARTING	FINAL	<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME

YOUR POSITION TITLE AND DESCRIPTION OF DUTIES	REASON FOR LEAVING
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MAY WE CONTACT THIS EMPLOYER?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, STATE REASON	YOUR NAME THEN, IF DIFFERENT
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EMPLOYER (4)	ADDRESS
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TYPE OF BUSINESS	NAME & TITLE OF IMMEDIATE SUPERVISOR	TELEPHONE
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DATES EMPLOYED		SALARY		STATUS	
FROM	TO	STARTING	FINAL	<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME

YOUR POSITION TITLE AND DESCRIPTION OF DUTIES	REASON FOR LEAVING
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MAY WE CONTACT THIS EMPLOYER?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, STATE REASON	YOUR NAME THEN, IF DIFFERENT
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APPLICANT CERTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING

I HEREBY CERTIFY THAT ALL OF THE INFORMATION CONTAINED IN THIS EMPLOYMENT APPLICATION IS TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE OR MISLEADING STATEMENTS OR MATERIAL OMISSIONS, WHENEVER DISCOVERED, REGARDING THIS APPLICATION OR ANY ACCOMPANYING RESUME, ARE GROUNDS FOR REFUSAL OF EMPLOYMENT, OR IF EMPLOYED WILL RESULT IN DISMISSAL FROM EMPLOYMENT. I UNDERSTAND THAT IF EMPLOYED, MY EMPLOYMENT WITH PBS IS AT WILL, WHICH MEANS I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT NOTICE, AND WITH OR WITHOUT CAUSE AND THE COMPANY IS FREE TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT NOTICE, AND WITH OR WITHOUT CAUSE. I FURTHER UNDERSTAND THAT NO ONE OTHER THAN THE GENERAL MANAGER IS AUTHORIZED TO ENTER INTO ANY CONTRACTS OR EMPLOYMENT AGREEMENTS ON BEHALF OF THE COMPANY, AND ALL CONTRACTS OR EMPLOYMENT AGREEMENTS, IF REQUIRED, MUST BE IN WRITING AND SIGNED BY MYSELF AND THE GENERAL MANAGER. I UNDERSTAND THAT I MAY BE REQUIRED TO SUBMIT TO A DRUG SCREENING AS A CONDITION OF EMPLOYMENT, AND AT ANY TIME DURING MY EMPLOYMENT, THE COST OF WHICH WILL BE PAID BY PBS. I AUTHORIZE PBS TO MAKE ANY INVESTIGATIONS OF MY PERSONAL, EDUCATIONAL, FINANCIAL OR EMPLOYMENT HISTORY AND I AUTHORIZE ANY EMPLOYER AND ANY OTHER PERSON, FIRM, CORPORATION, INSTITUTION OR GOVERNMENT AGENCY TO GIVE PBS ANY INFORMATION THEY MAY HAVE ABOUT ME, VERBALLY, IN WRITING, OR BY FACSIMILE TRANSMISSION. IN CONSIDERATION OF PBS'S REVIEW OF MY APPLICATION FOR EMPLOYMENT, I RELEASE PBS AND ALL PROVIDERS OF INFORMATION FROM ANY LIABILITY AS A RESULT OF FURNISHING OR RECEIVING THIS INFORMATION.

I UNDERSTAND THAT THIS IS ONLY AN APPLICATION FOR EMPLOYMENT, NOT A PROMISE OR GUARANTEE THE EMPLOYMENT IS CURRENTLY AVAILABLE OR THE EMPLOYMENT IS BEING OR WILL BE OFFERED TO ME. I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING STATEMENTS AND THAT I SEEK EMPLOYMENT WITH PBS UNDER THESE CONDITIONS.

NAME OF APPLICANT (PRINT)

SIGNATURE OF APPLICANT

DATE

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