JOB APPLICATION

Base Salon 31 N Morgan St, Chicago, Illinois 60607 312.967.2947

Base Salon is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information Applicant Name:		
Address:		
City, State and Zip Code:		
Telephone Number:		
Email Address:		
Date of Application:		
Employment Position Position(s) applying for:		
How did you hear about this position?		
On what date can you start working if you are hired?		
Personal Information		
Have you ever applied to or worked for Base Salon before?	Yes	No
If yes, when?		
Do you have any friends, relatives, or acquaintances working for Base Sa	alon Yes	No
If yes, state name & relationship:		
Are you 18 years of age or older?	Yes	No
Are you a U.S. citizen or approved to work in the United States?	Yes	No
What document can you provide as proof of citizenship or legal status?		
Have you over been convicted of a criminal offence (felony or middamag		Me
Have you ever been convicted of a criminal offense (felony or misdemean If you place state the nature of the crime(s), when and where convicted		No
If yes, please state the nature of the crime(s), when and where convicted	i and disposition of the	Lase.

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

(Note: Base Salon complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Education and Training

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

Military:

Are you a member of the Armed Services?

What branch of the military did you enlist?

What was your military rank when discharged?

How many years did you serve in the military?

What military skills do you possess that would be an asset for this position?

Previous Employment

Employer Name: Job Title: Supervisor Name: Employer Address: City, State and Zip Code: Employer Telephone:

Dates Employed:

Reason for leaving:

Employer Name:

Job Title: Supervisor Name: Employer Address: City, State and Zip Code: Employer Telephone: Dates Employed: Reason for leaving:

Employer Name:

Job Title: Supervisor Name: Employer Address: City, State and Zip Code: Employer Telephone: Dates Employed: Reason for leaving:

References

Please provide 3 personal and professional reference(s) below:

Reference	Contact Information

AT-WILL EMPLOYMENT

The relationship between you and the Base Salon is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Base Salon. No representative of Base Salon has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant Signature:		Dated:	
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