Indulge Employment Application				
Programs, services, and employmen the Human Resources Department i the application interview.	t are equally available to everyone. Please inform if you require reasonable accommodation for	Fax with cover letter to 717-846-1838 Mail with cover letter to		
APPLICATION DATA		Indulge 970 S. George St.		
How were you referred to us?	Position applied for:	York PA 17402 <b>Drop off</b> at any Indulge Salon		
Full Name:				
Address:	City:	State: Zip:		
	Mobile/Pager/Other:			
Date Available to Start:	Social Security #:			
Type of employment desired:	$\Box$ Full-Time $\Box$ Part-Time $\Box$ Tempo	orary 🗆 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 the	em?			
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? $\Box$ Yes $\Box$ 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? $\Box$ Yes $\Box$ No				
If not, are you legally allowed to work in the United States? $\Box$ Yes $\Box$ No				
Education (include years atten	ided):			
Have you ever pleaded "guilty	," "No contest," or been convicted of a c	rime? 🗆 Yes 🗆 No		
If yes, give dates and details: _				
	these questions does not constitute an automatic rejector seriousness and nature of the violation, rehabilitation a			
Driver's license number if app	licable to position:	State:		
WHY SHOULD WE HIRE YO	U?			
	at will enhance your position at Indulge, plus any other	comments you would like to add.		

PREVIOUS EMPLOYMENT	begin with most recent	nosifion):
	begin with most recent	

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? $\Box$ Yes $\Box$ No
Date of Employment: From To Position(s) Held
Firm: Address:
Phone: ( Supervisor's Name: Title:
Responsibilities:
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Starting Salary and Title: Ending Salary and Title:
Reason for Leaving:
May we contact this employer for a reference? $\Box$ Yes $\Box$ No
Date of Employment: From To 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? $\Box$ Yes $\Box$ 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: \_\_\_\_\_\_