



Position you are applying for: _____ Preferred Location: _____

Available start date: _____

What is your work shift availability:

____ Days ____ Evenings ____ Weekends ____ Open Availability ____ Specific Timeframes

Sundays	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays

Are you applying for: ____ Full Time ____ Part Time ____ Seasonal

Personal Information:

 Last Name First Name Middle

 Address City State Zip

Home Phone: _____ Cell Phone: _____ Email Address: _____

Do you prefer to be contacted on your home phone, cell phone, or email? _____

Education:

School Name	Years Attended	Degree Received	Major

Other training, certifications or licenses held:

Employment History:

Employer: _____ Dates Employed: _____ to _____
Work Phone: _____ Pay Rate: _____
Address: _____ City: _____ State: _____ Zip: _____
Position: _____ Phone number: _____
Duties Performed: _____
Supervisors Name and Title: _____
Reason for leaving: _____ May we contact them? () Yes () No

Employer: _____ Dates Employed: _____ to _____
Work Phone: _____ Pay Rate: _____
Address: _____ City: _____ State: _____ Zip: _____
Position: _____ Phone number: _____
Duties Performed: _____
Supervisors Name and Title: _____
Reason for leaving: _____ May we contact them? () Yes () No

References:

Name	Title	Company	Phone

Acknowledgement and Authorization:

Please read and check each box:

- I Certify that all answers are given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- In the event of employment, I authorize AgeLess SPA to conduct a background check on me at their discretion which contains name only searches which may result in a report being generated containing criminal history records. I hereby release and agree to hold harmless from liability AgeLess MMC, LLC employees, and any other person or organization that may provide such information.
- In the event of employment, I understand that false or misleading information given in my application of interview(s) may result in discharge.

Applicant Name (Print): _____ Date: _____

Applicant Signature: _____