

Hand / Foot Therapy ~ Interview Form

Personal Information:

First Name: _____ Middle Initial: _____ Last Name: _____
Address: _____
Email: _____
Home Phone: _____ Cell Phone: _____
Best Time to Call _____

Professional Skills:

- | | | |
|------------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Manicure | <input type="checkbox"/> Foot Facials | <input type="checkbox"/> Massage |
| <input type="checkbox"/> Pedicure | <input type="checkbox"/> Waxing | Other: _____ |
| <input type="checkbox"/> Gel Nails | <input type="checkbox"/> Threading | Other: _____ |
| <input type="checkbox"/> Shellac | <input type="checkbox"/> Reflexology | Other: _____ |

Education Skills:

- High School _____
- Some College _____
- Bachelor's Degree _____
- Master's Degree _____
- Certificate _____
- License _____
- Other _____

Referral Source:

How did you hear of this position?

- Walking by the store Company Website
- Other Website _____
- Paper Publication _____
- Other _____

Waves & Ripples, LLC

Employment History:

Previous Employer: _____

Supervisor: _____

Telephone #: _____ Salary: _____

Dates Employed: _____ to _____ Position Held: _____

Why Did You Leave? _____

Previous Employer: _____

Supervisor: _____

Telephone #: _____ Salary: _____

Dates Employed: _____ to _____ Position Held: _____

Why Did You Leave? _____

Have you ever been dismissed or forced to resign from any employment?*

Explain _____

Except for authorized leaves of absence, vacations and holidays, how many days were you absent during the past twelve months?*

0-6 days 7-12 days 13-18 days 19+days

Comments: _____

* Responding accurately to any of these questions will not result in an immediate disqualification from consideration for employment with Waves & Ripples, LLC. We will assess the information provided and relate it to the position for which you are being considered and take into account all legal obligations and requirements.

Potential Job with Waves & Ripples, LLC

Position Wanted: _____

Pay Requirements _____

How Did You Hear About This Job: _____

Waves & Ripples, LLC

Days / Times Able to Work*:

| Day | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|-----------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Monday | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| Tuesday | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wednesday | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Thursday | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Friday | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Saturday | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |

* This is not a guarantee of employment or times to work if hired on.

Emergency Contact Information:

Give the name of the person to contact in case of accident or emergency:

Name: _____

Relationship: _____ Phone #: _____

When answering these questions, do not include minor traffic infractions or convictions for which the record has been sealed or expunged; or misdemeanors that have been judicially dismissed in which probation has been successfully completed*

Have you ever plead "guilty" or "no contest" to, or been convicted of, a misdemeanor or felony? Yes No

Are you currently awaiting trial for any criminal offense? Yes No

Have you ever initiated an act of violence in the workplace? Yes No

If yes to any of these questions, please explain: _____

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