## **JOB APPLICATION**

## **ME AESTHETICS LLC**

8803 Tyrone Ave, Panorama City, California 91402 (626) 850-0224

Email Completed Application to Careers@meaestheticsllc.com

ME AESTHETICS LLC 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: Licensed Esthetician ( full time)				
How did you hear about this position?				
What days are you available for work?				
If needed, are you available to work overtime?				
On what date can you start working if you are hired?  Do you have reliable transportation to and from work?				
Personal Information				
Have you ever applied to or worked for ME AESTHETICS LLC before?	Yes	No		
If yes, when?				
Do you have any friends, relatives, or acquaintances working for ME AESTHETICS LLC  If yes, state name & relationship:	  Yes	No		

Are you 18 years of age or ol	der?		Yes	No
Are you a U.S. citizen or appr	roved to work in the United	States?	Yes	No
What document can you pro	vide as proof of citizenship	or legal status?		
Do you have any condition w	rhich would require job acco	ommodations?	Yes	No
If yes, please describe accom	nmodations required below.			
Have you ever been convicte	ed of a criminal offense (felc	ony or misdemeanor)?	Yes	No
If yes, please state the nature	e of the crime(s), when and	where convicted and o	disposition of the c	ase:
(Note: No applicant will be de The date of the offense, the description of the event, and position(s) applied for may, ho	nature of the offense, in I the surrounding circumst	cluding any significan	t details that affe	ect the
Job Skills/Qualifications Please list below the skills and	l qualifications you possess	for the position for wh	ich you are applyin	ıg:
(Note: ME AESTHETICS LLC conthat may be necessary for elig a hire may be tested on skill/a professional.)	ible applicants/employees t	to perform essential fui	nctions. It is possibl	le that
Education and Training				
High School				
Name	Location (City, State)	Year Graduated	Degree Earne	:d
College (Horizone)				
College/University Name	Location (City, State)	Year Graduated	Degree Earne	d

		<u> </u>	
Vocational School/Specialize	1	T	
Name	Location (City, State)	Year Graduated	Degree Earned
Military:			
Are you a member of the A	rmed Services?		
What branch of the military	/ did you enlist?		
What was your military ran	·		
How many years did you se			
	-	. 6	
What military skills do you	possess that would be an ass	et 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:	-		
J			
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:			

	ei	r -		_		-
u	01	-01	ro	n	~	ĸ
"	<b>C</b> I			•	ᇆ	

Please provide 2 personal and professional reference(s) below:

Reference	Contact Information

## **AT-WILL EMPLOYMENT**

The relationship between you and the ME AESTHETICS LLC 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 ME AESTHETICS LLC. No representative of ME AESTHETICS LLC 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:	
, ipplicant signature.	Batta.	