SERENITY BLISS
HOLISTIC CENTER

serenitybhc.com
206-229-0086

APPLICATION OF EMPLOYMENT

PERSONAL INFORMATION

NAME	ADDRESS		
PHONE	CITY	STATE	ZIP
EMAIL	Are you legally eligible to work in the US? ☐ Yes ☐ No		
Are you convicted of any crime? ☐ Yes ☐ No	Do you have any Mental Health issues? ☐ Yes ☐ No		
Do you take any prescription drugs that may inable you to perform your job? ☐ Yes ☐ No			
If selected for employment are you willing to submit to a background check? ☐ Yes ☐ No			

POSITION

Position you are applying for	Available start date	Desired pay
Employment desired ☐ Full time ☐ Part time ☐ Seasonal/Temporary		

EDUCATION

SCHOOL NAME	LOCATION	YEARS ATTENDED	DEGREE RECEIVED	MAJOR

REFERRENCES

NAME	TITLE	COMPANY	PHONE

Business and professional references only

EMPLOYMENT HISTORY

EMPLOYER (1)	Job Title		Dates Employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
EMPLOYER (2)	Job Title		Dates Employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip

CREDENTIALS

Esthetician/Master Esthetician #
Washington Licensing #
Insurance #

SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false and misleading information in my application or interview may result in my employment being terminated.

Name (print)	Signature
Date	

INSTRUCTIONS

1. Please fill out the application
2. Save to your computer
3. Email filled out and saved application to info@serenitybhc.com

If you have any questions, please call 206-229-0086

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