The Village Parlor

EMPLOYMENT APPLICATION

	First Nam	e midale	Initial		Today's Date			
Street Address Apt #					Home Telephone ()			
City State Zip					Business Telephone ()			
Email Address					Mobile Telephone ()			
		Users Davis a hafe						
•	vorked for The Vi	•						
	If yes, when?	Location						
	eligible for emplo Yes	oyment in the Un No	ited States?		Date of Birth (o	nly if under 18)		
					18 years or under? Y N			
When are you available to begin work?					Are you willing to work overtime if asked? Yes No			
Number of hour	ment you are see s desired:	king: Full Ti	ime Part					
List the hours y	ou are available t	o work						
List the hours y	ou are available t Sun	o work Mon	Tue	Wed	Thu	Fri	Sat	
List the hours y			Tue	Wed	Thu	Fri	Sat	
-			Tue	Wed	Thu	Fri	Sat	
From		Mon				Fri	Sat	
From To (This s	Sun	Mon	not guarantee			Fri	Sat	
From To (This so Have you ever b If yes, please ex *You need not disc completed a pre-	Sun	Mon ability and does a felony? Yes a) that was judicial on program; or, d) f	not guarantee No ly expunged or s	your work sche	edule)	ense over 2 years	old; c) if you	
From To (This so Have you ever b If yes, please ex *You need not disc completed a pre-	Sun ection is for avail eeen convicted of plain*: close a conviction; pr post-trial diversion	Mon ability and does a felony? Yes a) that was judicial on program; or, d) f	not guarantee No ly expunged or s	your work sche ealed; b) for a ma or for which proba be a bar to emplo	edule)	ense over 2 years	old; c) if you	
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ACCOMPLISHMENTS

Please list positions of leadership, activities, honors, and accomplishments in school or business for which you are proud:

REF	ER	ΕN	CE	ES
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List 4 school, business, or personal references that you give permission for us to contact. They should not be related to you.

Name	Telephone (Work or Home)		Known How Long	School	Relationship to You lool Work Personal		
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	()					
	()					

	FORMER EMPLOY	ERS List below current and last two employers, s Please include any non-paid/volunteer expe which you are applying. Please complete e	erience which is related	to the job for					
1	Date (M/D/Y) From To	Current Employer (address/type of business)	Salary/Hourly Starting Ending # Hours Week	Position	Reason for Leaving?				
	Duties Performed Supervisor's Name	May we	May we contact?						
	From _To	Current Employer (address/type of business)	Salary/Hourly Starting Ending # Hours Week	Position	Reason for Leaving?				
2	Duties Performed								
	Supervisor's Name	Phone Num	ber	May we contact?					
	From	Current Employer (address/type of business)	Salary/Hourly Starting Ending # Hours Week	Position	Reason for Leaving?				
3	Duties Performed								
	Supervisor's Name	Phone Num	ber May we contact?		contact?				

I hereby authorize TZC to thoroughly investigate my background, references, employment record and other matters related to my suitability for employment. I authorize persons, schools, my current employer (if applicable) and previous employers and organizations contacted by TZC to provide any relevant information regarding my current and/or previous employement and I release all persons, schools, my current and/or previous employers and organizations contacted by TZC to provide any relevant information regarding my current and/or previous employement and I release all persons, and including dismissal. I understand that I may be required to sign a confidentiality and /or non-compete agreement, should I become an employee of TZC I understand nothing contained in this application, or conveyed during any interview, which may be granted, is intended to create an employment contract. I understand that filling out this form does not indicate there is a position open and does not obligate TZC to hire me. I understand that me employment is at will, which means that it is for no specified period and may be terminated by me or TZC at any time without prior notice for any reason.