

EMPLOYMENT APPLICATION - LASER HAIR REMOVAL TECHNICIAN



LASER AFFAIR, INC.
15243 Amberly Dr., Tampa, Florida 33647
813-944-2445

LASER AFFAIR, INC. 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

SECTION A: Applicant Information

Applicant Name: _____

Address: _____

City, State, Zip Code: _____

Email Address: _____

Telephone Numbers: _____

Emergency Contact : Name: _____ **Phone:** _____

EMPLOYMENT:

How did you hear about this position? _____

Please list licenses you hold that are relevant to this position? (CCE, CME, PA etc)

License Type: _____ License Number: _____ Date Licensed: _____

Currently Active? No Yes

On what date can you start working if you are hired? _____

WHAT DAYS AND HOURS ARE YOU AVAILABLE TO WORK?

Mondays from _____ am pm to _____ am pm

Tuesdays from _____ am pm to _____ am pm

Wednesdays from _____ am pm to _____ am pm

Thursdays from _____ am pm to _____ am pm

Fridays from _____ am pm to _____ am pm

Saturdays from _____ am pm to _____ am pm

Sundays from _____ am pm to _____ am pm

Do you have a preferred number of days per week you would like to work? _____

Do you have a preferred number of hours per week you would like to work? _____

What days or times will you not be available? _____

Comments: _____

Personal Information

Have you ever been charged with a criminal (felony or misdemeanor) offence? No Yes

Do you consent to a background check? No Yes

Please list any condition which would require job accommodations: _____

(Note: LASER AFFAIR, INC. complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Do you have experience with the Candela laser platforms? If yes, please check those that apply.

755nm Alexandrite 1064nm Nd:YAG Dual platform GentleMax Pro

What other lasers/ IPL's do you have experience with? _____

Comments: _____

Do you have laser hair removal experience with Fitzpatrick Skin types V and VI? No Yes

If yes, please explain _____

Do you have laser hair removal experience following licensure? No Yes

If yes, please explain _____

Aside from laser hair removal, do you have other laser aesthetic experience following licensure? If yes, please explain:

Are you comfortable administering full bikini brazilian treatments on both male and female patients?

No Yes

Do you have experience with Google Calendar?

No Yes

SECTION B:

Job Skills/Qualifications/Computer Skills

Please list below any additional skills and qualifications you possess for the position for which you are applying.
Ex: previous work in beauty or medical field, retail experience, customer service relations, scheduling, marketing, etc.

Education and Training

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University/Vocational/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned
Name	Location (City, State)	Year Graduated	Degree Earned

Comments: _____

Previous Employment:

Employer Name:

Job Title

Employer Address

City, State and Zip Code:

Employer Phone:

Start Date:

End Date:

Your responsibilities:

Reason for leaving:

Your likes about this position:

Your dislikes about this position:

Employer Name:

Job Title

Employer Address

City, State and Zip Code:

Employer Phone:

Start Date:

End Date:

Your responsibilities:

Reason for leaving:

Your likes about this position:

Your dislikes about this position:

Employer Name:

Job Title

Employer Address

City, State and Zip Code:

Employer Phone:

Start Date:

End Date:

Your responsibilities:

Reason for leaving:

Your likes about this position:

Your dislikes about this position:

SECTION C References

Per your resume, may we contact previous employers/supervisors? _____

Please provide 3 personal and professional reference(s). *Please avoid using references affiliated with your school.

Reference	Relationship	Contact Information: Phone and Email

ADDITIONAL INFORMATION:

1. Please Attach all licenses you have earned relative to this position.

2. Please Attach a Photo ID

3. Please Attach a Resume'

AT-WILL EMPLOYMENT

The relationship between you and the LASER AFFAIR, INC. 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 LASER AFFAIR, INC. No representative of LASER AFFAIR, INC. 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: _____