



## EMPLOYMENT APPLICATION

Athenian Spas, LLC is an equal opportunity employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, national origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or disability.

Date of Application:			
	Month (MM)	Day (DD)	Year (YYYY)

**Athenian Spas, LLC**  
*d/b/a Athenian Luxe Spa*  
15537 Old Hickory Blvd.  
Nashville, TN 37211

Name:

Position Applied For:

Date:

## PERSONAL

Last Name		First	Initial
Other Name(s) Used		Home Telephone # ( ) -	
Address		Business or Message # ( ) -	
Position Applied For	How did you hear about job opening?		Salary Desired
Have you ever interviewed with Athenian Spas, LLC before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s) and job title(s)	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		If under 18, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## EDUCATION

Check Highest Grade Completed: High School 9 10 11 12  
 College, Trade or Business 1 2 3 4

School Name	City, State, Country	Major Studies	Degree, Diploma, License or Certificate
High School:			
College/University:			
Vocational, Business, Other:			
List Any Professional Designations:			
Other Special Knowledge, Skills or Qualifications:			
Computer Skills (Hardware/Software):			

## THIS SECTION ONLY APPLIES TO LICENSED POSITIONS

Please indicate any and all licensures you currently hold and their expiration dates:

Cosmetologist (expires    /    )     Manicurist (expires    /    )     Esthetician (expires    /    )

Has your license ever been suspended or sanctioned? If so, please explain:

## EMPLOYMENT HISTORY

**List all past employment, starting with the most recent position. All information must be completed. You may attach a resume, as long as all requested information is provided.**

Employed From / /	Employer Name	Starting Salary
Employed Until / /	City, State, Country	Ending Salary
Job Title/Position		Reason for Leaving
Duties & Responsibilities		

Employed From / /	Employer Name	Starting Salary
Employed Until / /	City, State, Country	Ending Salary
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Duties & Responsibilities		

# GENERAL

- |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Yes</b>               | <b>No</b>                |                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/> | <input type="checkbox"/> | May we contact your current employer for references?                                                                                                                                                                                                                                                                                                                                                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | If hired, will you be able to work overtime?                                                                                                                                                                                                                                                                                                                                                                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation? (Ask to see job description if one is not provided.)                                                                                                                                                                                                                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of any crime? (Excluding convictions for marijuana related offenses for personal use more than two years old, convictions that have been sealed, expunged or legally eradicated, or misdemeanors for which probation was completed and the case was dismissed by court.) <b>Note:</b> A Yes response does not automatically disqualify your application. If Yes, please attach explanation. |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have reliable transportation to and from the location you are applying to? .                                                                                                                                                                                                                                                                                                                                      |

Are you looking for full-time or part-time work?  Full-time  Part-time

What is your work schedule availability? Please write the available days and hours.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Are you willing to work holidays/ weekends?  Yes  No  With Notice

# CERTIFICATION & AUTHORIZATION

The above information is true and correct. I understand that the hiring process will be terminated, or in the event of my employment by Athenian Spas, LLC, I shall be subject to dismissal, if any information that I have given in this application, the background release form, in any resume or interview or any part of the hiring process is false or misleading, or if I have failed to give any information herein requested, or if I have withheld relevant information, regardless of the time elapsed after discovery.

I authorize the Athenian Spas, LLC to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to Athenian Spas, LLC and will hold Athenian Spas, LLC and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I also understand that criminal background and credit reports may be conducted in the course of the interview process, and I will be required to give authorization for such reports.

I understand that **nothing** in this employment application, the granting of an interview or my subsequent employment with Athenian Spas, LLC is intended to create an employment contract between myself and Athenian Spas, LLC under which my employment could be terminated only for cause. On the contrary I understand and

agree that, if hired, my employment will be terminable at will and may be terminated by me or Athenian Spas, LLC at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents that verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

**This section applies to licensed independent contractor positions only:**

*As an independent contractor, I understand that I will NOT be considered an employee of Athenian Spas, LLC and/or its affiliated companies. However, I will still be expected to uphold the standards and practices as defined by Athenian Spas, LLC and will be bound by the same rules of conduct and performance as defined in the Employee Handbook where applicable and not prohibited by law. As an independent contractor, I may not be subject to laws and regulations customarily afforded to exempt and non-exempt employees (such as worker's compensation, unemployment insurance, overtime pay, and other benefits as governed by state and federal law). I also understand that my services and my relationship with Athenian Spas are provided at-will and may be terminated, with or without cause at any time. I understand that I will be responsible for any and all taxes to the respective parties as required by law and that all payments made to me will be properly reported to the respective state and federal agencies.*

I hereby acknowledge that I have read and agree to the above statements.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**