

MARK PARDO

hair • skin • body



Our Mission
To respect and serve
the relationships with
our team members,
guests, and
community.

To be the biggest and
best World-Class Salon
& Spa in New Mexico.
Focus on and apply our
mission.
To drive growth of
sales, profits, and guest
service excellence.

Benefits Include
Guaranteed Pay
Continuing Education
Medical Dental Vision
Long & Short Term Disability
Life Insurance
401 K
Paid Vacation
Team Member Discounts

Mark Pardo Salon Spa Application For Employment

Please complete this application entirely and return to:
Protegés

1307 Juan Tabo Blvd. NE
Albuquerque, NM 87112

For questions regarding the status of your application please e-mail us at
humanresources@markpardo.com or call 298-2983

Name: _____
First Last

Date: _____

Address: _____
Street City, State, Zip

Phone: _____
Home Cell

Email: _____

Referred By: _____

Have you been employed with us before? Yes No

If yes, please give dates. _____

Are you legally eligible for employment in the U.S.? Yes No
(Proof of U.S. citizenship or immigration status will be required)

Have you been convicted of a felony in the past 7 years?
Yes No If yes, please explain briefly. _____

Do you know anyone currently employed with our company?
Yes No If yes, who? _____

What is your relationship to this person? _____

Are you currently licensed? Yes No
If yes, what field? _____
Cosmetology, Massage Therapy, Esthetician, Nail Technician, Other

School Attended / Attending: _____

Please Tell us about any community service or volunteer work
you have done recently. _____

What are some of the goals you hope to achieve within the next
5 years? _____

Position Applying For:

- Cutting Specialist
- Chemical Specialist
- Esthetician
- Massage Therapist
- Nail Technician
- Advisor / Front Desk
- Guest Services/Call Center
- Team Leader/Management
- Other _____

Availability:

Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

How many hours per week
can you work?

20 25 30 35+

If hired, when would you be
able to start? _____

This space for office use only

Work History:

Employer Name _____	Dates Employed: From ___/___/___ To ___/___/___
City and State: _____	Salary or Hourly: Starting: _____ Ending: _____
Type of Business: _____	Avg Hrs/wk _____
Position: _____	Reason for Leaving: _____
Duties: _____	Supervisor Name: _____
_____	Number: _____ May we contact: _____

Employer Name _____	Dates Employed: From ___/___/___ To ___/___/___
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Type of Business: _____	Avg Hrs/wk _____
Position: _____	Reason for Leaving: _____
Duties: _____	Supervisor Name: _____
_____	Number: _____ May we contact: _____

Education:

	Name & Location	Years Completed	Did you graduate?
High School			
College			
Trade School/Other			

Professional References:

NAME	PHONE NUMBER	BUSINESS	YEARS KNOWN
1.			
2.			
3.			

I hereby authorize Mark Pardo Salon Spa, Inc. 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 Mark Pardo Salon Spa, Inc. to provide any relevant information regarding my current and/or previous employment and I release all persons, schools, and employers of any and all claims for proving such information. I understand that misrepresentation or omission of facts may result in rejection of this application, or if hired, discipline up to and including dismissal. I understand that I will be required to sign a confidentiality and non-compete agreement, should I become employed by Mark Pardo Salon Spa, Inc. I understand that nothing contained in this application, or conveyed during any interview (which may or may not 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 Mark Pardo Salon Spa, Inc. to hire me. I understand and agree that employment is at will, which means that it is not for any specified period and may be terminated by me, or Mark Pardo Salon Spa Inc., at any time without prior notice for any reason.

SIGNATURE: _____ DATE: _____

Affirmative Action Voluntary Information

We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status.

To be completed by applicant on a *voluntary basis*. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to complete this survey will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Please Print

Position(s) applied for _____ Date _____

Referral Source

- | | | |
|---|---|--|
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Relative | <input type="checkbox"/> School |
| <input type="checkbox"/> Advertisement—Source _____ | | <input type="checkbox"/> Other _____ |

Applicant Information

Name _____ Telephone _(____)_____

Address _____

Male Female Date of Birth _____

Please check on _____ of the following Equal Employment Opportunity Identification Groups

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> White (not of Hispanic origin) | <input type="checkbox"/> Black (not of Hispanic origin) | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian/Pacific Islander | |

For Administrative Use Only

Position(s) applied for Available Not Available

Other positions considered for _____

Hired Yes No

Position hired for _____ Date of hire _____

From the EEO job classification listed below, which one best describes the position filled?

- | | | |
|---|--|--|
| <input type="checkbox"/> Officials and Managers | <input type="checkbox"/> Sales Workers | <input type="checkbox"/> Operatives (semi-skilled) |
| <input type="checkbox"/> Professionals | <input type="checkbox"/> Office and Clerical | <input type="checkbox"/> Laborers (unskilled) |
| <input type="checkbox"/> Technicians | <input type="checkbox"/> Craft Workers (skilled) | <input type="checkbox"/> Service Workers |

Notes _____

Completed by _____ Date _____