

Vanity, Inc
 1001 25th ST N
 Fargo, ND 58102

Vanity Inc.

EMPLOYMENT APPLICATION
 An Equal Opportunity Employer

Date: _____

General Information. Please complete all requested information. Use ink & print clearly.

First Name		MI	Last Name	
Telephone # (s)				
Street Address		City	State	Zip
Position Applying For		Full-Time	Part-Time	
Are you under 18 yrs. old? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you worked for Vanity before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you at least 16 yrs. old? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes when & where?		
Do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you legally authorized to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(If offered employment, documentation will be required regarding citizenship or work authorization)				
List any relatives or friends employed by Vanity, their position & location.				
How did you hear about this position?				

Work Experience. List your previous experience, beginning with your current or most recent position.

Employer	Position	Dates Employed	
		From:	To:
Street Address		City	State Zip
Phone #	Supervisor/Title		
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Duties	Reason for Leaving	Salary Starting:	Ending:

Employer	Position	Dates Employed	
		From:	To:
Street Address		City	State Zip
Phone #	Supervisor/Title		
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Duties	Reason for Leaving	Salary Starting:	Ending:

Employer	Position	Dates Employed	
		From:	To:
Street Address		City	State Zip
Phone #	Supervisor/Title		
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Duties	Reason for Leaving	Salary Starting:	Ending:

APPLICANT DATA SURVEY

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Date:

Position(s) applied for

Referral Source:

- Advertisement/Newspaper*
 Employee*
 Government Employment Agency*
 Other

*Name of source (if applicable):

Applicant's Name _____
Last First Middle

Address _____
Street City State Zip Code

As required, we comply with government regulations, including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

This survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision. Completion of the following information is voluntary.

Circle one:

- Male
 Female

Circle one of the following race/ethnic groups:

- Hispanic or Latino
 Black or African American
 White
 American Indian/Alaskan Native
 Asian
 Native Hawaiian or Pacific Islander
 Two or More Races

Circle if any of the following are applicable:

- Vietnam veteran
 Disabled veteran
 Handicapped individual

*Please attach resume.

Thank you for your application!