



# EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Desired Location (City & State): \_\_\_\_\_

**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 Are you at least 16 yrs. old? <input type="checkbox"/> Yes <input type="checkbox"/> No 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)		Have you worked for Vanity before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes when & where?
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
Street Address		From: To: City State Zip
Phone #	Supervisor/Title	
Duties	Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Salary Starting: Ending:

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

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



# APPLICANT DATA SURVEY

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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.

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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

\*Vanity only accepts applications by **email** or **in-store**.  
Resume optional.

Thank you for your application!