

EMPLOYMENT APPLICATION

Name (First, M.I., Last) _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email Address _____

Position Desired (Select one or more which apply)

Manager

Hair Stylist/Manager

Hair Stylist

Nail Technician

Receptionist

Available Start Date _____

Are you legally eligible to work in the United States? Yes No

Have you ever been convicted of a felony? Yes No

If Yes, please explain

EDUCATION: (Please list years completed and degree attained, if applicable.)

	Years Completed	Degree (Y/N)	Type
High School	_____	_____	_____
Technical School	_____	_____	_____
College	_____	_____	_____
Graduate School	_____	_____	_____

If you have completed any additional training programs, classes, seminars, etc., please list the name of the completed course(s) and approximate completion date.

EMPLOYMENT: (Please begin with current employer or most recent.)

1. Company Name _____ Phone Number _____
 Address _____ City _____ State _____
 Job Title _____ Dates Employed: From _____ To _____
 Responsibilities _____

Supervisor (Name) _____ Title _____
 May we contact for reference? Yes ___ No ___
 Reason(s) for leaving _____

If employed in a salon, please indicate the manner in which you earned income.

___ Commission ___ Hourly Rate ___ Salary
 ___ Other Please explain _____

2. Company Name _____ Phone Number _____
 Address _____ City _____ State _____
 Job Title _____ Dates Employed: From _____ To _____
 Responsibilities _____

Supervisor (Name) _____ Title _____
 May we contact for reference? Yes ___ No ___
 Reason(s) for leaving _____

If employed in a salon, please indicate the manner in which you earned income.

___ Commission ___ Hourly Rate ___ Salary
 ___ Other Please explain _____

3. Company Name _____ Phone Number _____
 Address _____ City _____ State _____
 Job Title _____ Dates Employed: From _____ To _____
 Responsibilities _____

Supervisor (Name) _____ Title _____
 May we contact for reference? Yes ___ No ___
 Reason(s) for leaving _____

If employed in a salon, please indicate the manner in which you earned income.

___ Commission ___ Hourly Rate ___ Salary
 ___ Other Please explain _____

HOURS OF OPERATION:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Closed	11am-8pm	9am-9pm	9am-9pm	9am-9pm	9am-9pm	9am-9pm

After reviewing the hours of operation, are there any times/days/nights which you are unable to work? If so, please indicate.

Type of work desired: Full Time ____ Part Time ____

Desired hours per week _____ **Are you available to work weekends?** Yes ___ No ___

REFERENCES:

Please list up to three (3) individuals whom are not related to you and can provide a professional reference

1. Name _____ **Relationship** _____
City _____ **State** _____ **Phone Number** _____
Years Known _____

2. Name _____ **Relationship** _____
City _____ **State** _____ **Phone Number** _____
Years Known _____

3. Name _____ **Relationship** _____
City _____ **State** _____ **Phone Number** _____
Years Known _____

I hereby certify that all of the information provided by me in this application is correct, accurate, and complete to the best of my knowledge. Falsification, misrepresentation, or omission of any facts will be cause for denial of employment or termination.

Signature of Applicant

Date

