



# APPLICATION FOR EMPLOYMENT

(PLEASE PRINT CLEARLY)

■ **TO APPLICANT:** We truly appreciate your interest in our salon and assure you that we will actively explore every possibility regarding a possible future with us. To do this, a clear understanding of your qualifications is needed as well as your background and work history. Take your time completing this application form and be sure to add any and all additional information that you feel will aid us in making our decision. We will gladly supply blank paper if you ask.

■ **READ THIS INTRODUCTION CAREFULLY BEFORE ANSWERING ANY QUESTIONS IN THIS AREA.**

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability. **DO NOT** answer any questions you feel will violate your rights.

## PERSONAL INFORMATION

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_ Telephone \_\_\_\_\_  
No. Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long have you lived at present address? \_\_\_\_\_

Previous Address \_\_\_\_\_ How long? \_\_\_\_\_

If application is accepted, on what date will you be available for work? \_\_\_\_\_

How do you wish to be addressed? \_\_\_\_\_

**Date of Birth:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ **Sex:**  Male  Female Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. **Weight:** \_\_\_\_\_ lbs.

**Marital Status:**  Single  Engaged  Married Date of Marriage \_\_\_\_\_  
 Separated  Divorced  Widowed Number of dependents (including yourself) \_\_\_\_\_

Have you ever been convicted of a crime, excluding misdemeanors, in the past ten years still pending in the court system? \_\_\_\_\_ If yes, describe in full \_\_\_\_\_

Do you have any physical condition which may prevent you from performing certain salon related work? \_\_\_\_\_ If yes, describe the condition and related work limitations. \_\_\_\_\_

Have you ever had a major illness in the past 5 years? \_\_\_\_\_ If yes, describe: \_\_\_\_\_

Have you received compensation for injuries? \_\_\_\_\_ If yes, describe: \_\_\_\_\_

Is your application for employment at this salon the result of:  
 An advertisement  Client referral (name): \_\_\_\_\_  
 Salon reputation  Employee referral (name): \_\_\_\_\_  
 Other \_\_\_\_\_

## EDUCATION

High School \_\_\_\_\_ From 19\_\_\_\_ To 19\_\_\_\_ Year(s) Completed (Circle) 1 2 3 4 Did you graduate? \_\_\_\_\_

College \_\_\_\_\_ From 19\_\_\_\_ To 19\_\_\_\_ Major \_\_\_\_\_ Year(s) Completed (Circle) 1 2 3 4 Did you graduate? \_\_\_\_\_

Trade School \_\_\_\_\_ Address \_\_\_\_\_

Major: Cosmetology \_\_\_\_\_ Barber \_\_\_\_\_ Hours completed \_\_\_\_\_ Date Licensed \_\_\_\_\_ State first licensed in \_\_\_\_\_

Education obtained in areas not pertaining to salon industry. State subject, year, and source:  
1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_  
4) \_\_\_\_\_

What advanced education courses have you taken relating to the salon industry? State subject, year, and source:  
1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_  
4) \_\_\_\_\_

continued

## SALON INDUSTRY EXPERIENCE

Number of years in salon industry? \_\_\_\_\_ List areas of special interest such as color, perms, etc.: \_\_\_\_\_

Would you like to specialize in one or more services?  Yes  No  
If yes, please list the service(s) and state why: \_\_\_\_\_

Do you have any management experience at the salon level?  Yes  No  
If yes, please detail that experience: \_\_\_\_\_

Are you interested in exploring management opportunities at this salon?  Yes  No

List all present and past salon employment, beginning with the most recent:

1) Salon Name	Address	From Mo./Year	To Mo./Year	Position	Last Weekly Paycheck
Reason for Leaving		Name of Owner/Manager			
2) Salon Name	Address	From Mo./Year	To Mo./Year	Position	Last Weekly Paycheck
Reason for Leaving		Name of Owner/Manager			
3) Salon Name	Address	From Mo./Year	To Mo./Year	Position	Last Weekly Paycheck
Reason for Leaving		Name of Owner/Manager			
4) Salon Name	Address	From Mo./Year	To Mo./Year	Position	Last Weekly Paycheck
Reason for Leaving		Name of Owner/Manager			
List employment in addition to salons:		Position		How long	
Type of Business					

### PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment at this salon are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any inquiries of my personal history in establishing my credibility for employment at this salon. This includes personal interviews with past employers and references as to my personal character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional information regarding such inquiries.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### APPLICANT: DO NOT WRITE BELOW THIS LINE

Interviewer \_\_\_\_\_ Date \_\_\_\_\_ Results \_\_\_\_\_

Comments \_\_\_\_\_

### REFERENCE CHECK

Contacted \_\_\_\_\_

Results \_\_\_\_\_