



EMPLOYMENT APPLICATION

Position:

- Professional Stylist
- Receptionist
- Nail Tech
- Massage Therapist
- Esthetician
- Other _____

FILL OUT THIS APPLICATION COMPLETELY; PLEASE ATTACH A RESUME IF AVAILABLE.

PERSONAL INFORMATION

NAME (First, Middle, Last) _____

CURRENT ADDRESS (Street) _____

City _____

State _____

Zip _____

PHONE (H) _____

PHONE (C) _____

EMAIL ADDRESS _____

Do you have salon experience? Yes No

Number of years of salon experience? _____

Are you a citizen of the United States? Yes No

If No, are you authorized to work in the U.S.? _____

Have you ever been convicted of a felony? Yes No

If yes, please explain _____

EDUCATION / TRAINING

Highest Education Completed: HIGH SCHOOL 9 10 11 12

COLLEGE 1 2 3 4

High School Name: _____

City, State: _____

College Name: _____

City, State: _____

COSMETOLGY TRAINING

Are you licensed? Yes No

Date of Issue _____

Date of Expiration _____

State of Issue: _____

License Number: _____

Cosmetology School Attended: _____

Completion Date: _____

What type of license? (Check all that apply)

Cosmetology

Esthetician

Master Stylist

Manicurist

Shampoo / Chemical Assistant

Pedicurist

Massage Therapist

Other (Specify): _____

Do you have any skills, training, abilities which you have not mentioned above? If so, please include specific description.

EMPLOYMENT HISTORY

Include your last two employers, beginning with the most recent.

Name of Employer _____ Employer Address _____
 Supervisor Name _____ Phone Number _____
 Start Date _____ End Date _____ Pay Rate _____
 Position / Title _____ Reason for Leaving: _____

Name of Employer _____ Employer Address _____
 Supervisor Name _____ Phone Number _____
 Start Date _____ End Date _____ Pay Rate _____
 Position / Title _____ Reason for Leaving: _____

REFERENCES

Please list two references familiar with your work abilities:

Name: _____ Phone Number / Email: _____
 Name: _____ Phone Number / Email: _____

GENERAL

Are you interested in Full time or Part Time? () Part Time () Full Time

Availability: Please list all the hours you are available to work

	Business Hours	Available
() Tuesday	9AM – 8PM	_____
() Wednesday	9AM – 4PM	_____
() Thursday	9AM – 8PM	_____
() Friday	9AM – 8PM	_____
() Saturday	9AM – 3PM	_____

List 3 things that matter to you the most at work:

- 1) _____
- 2) _____
- 3) _____

What are 3 important things to a client?

- 1) _____
- 2) _____
- 3) _____

What are your strengths?

What are your weaknesses?

What are your short term professional goals?

What are your long term professional goals?

Why do you feel you would be an asset to this team?

Continuing education is a cornerstone of our business. Are you committed to participating actively in continuing your professional education? () Yes () No

Are you willing to help other stylists in the event of heavy workloads? () Yes () No

Authorization

I hereby certify that the information provided in the Application is true and contains no misrepresentation; falsification or omission (including my resume if attached) and I understand that, if contracted by Hair Connection, LLC, falsified statements on this form shall be grounds for dismissal. I authorize Hair Connection, LLC to investigate all statements contained herein and the references and employers listed above to provide you all information concerning my previous employment, education, and any pertinent information they may have, personal or otherwise, and do release the company from any and all liability for any damage that may result from the utilization of any such information. I understand that nothing contained in this form or in the granting of any interview is intended to create a contract between me and this company or the provision of any benefits. If an agreement is extended to me, I understand that Hair Connection may request information such as Social Security number, birthday date, and driver's license number / state of issuance that will be used for verification purposes.

APPLICANT'S SIGNATURE

DATE: