

Salon 22

EMPLOYMENT APPLICATION

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or in the presence of a non-related medical condition or handicap.

Name _____ Date _____

Address _____ Phone # _____

City _____ State _____ Zip _____ Social Security # _____ - _____ - _____

Alternate name, nickname, or alias _____ Position applied for? _____

Start When _____ Full time Part time Temporary Other _____

Drivers License # _____ State _____ Expiration _____

EMPLOYMENT EXPERIENCE

Start with your present job or last job. Include military assignments and other volunteer activities. Exclude organizational names which indicate race, color, religion, sex, or national origin.

Employer 1 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Job Title _____ Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

Employer 2 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Job Title _____ Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

Employer 3 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Job Title _____ Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

Salon 22

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

Are you a veteran of the U.S. Military service? [] Yes [] No

SALON EXPERIENCE

Years of Experience _____ Areas of Specialization _____

Do you have a license in the state? _____ Type _____

Cosmetology School Attended _____ Year _____

Have you attended any advance school? _____ If yes, please list:

Name	City	State	Date
------	------	-------	------

Name	City	State	Date
------	------	-------	------

Name	City	State	Date
------	------	-------	------

How do you rate yourself as a technician, assistant or receptionist?

Excellent _____ Very Good _____ Average _____ Fair _____ Poor _____

How do you feel about selling/retailing? Like it _____ Don't like it _____

Comments _____

Do you have adequate means of transportation? _____

Salon 22

SKILL LEVEL

I am a licensed and qualified technician and I am competent in the areas checked:

	Skilled In	Advanced Training		Skilled In	Advanced Training
<i>Hair Cutting</i>			<i>Other</i>		
Scissor Cutting	<input type="checkbox"/>	<input type="checkbox"/>	Facial Waxing	<input type="checkbox"/>	<input type="checkbox"/>
Clipper Cutting	<input type="checkbox"/>	<input type="checkbox"/>	Eyelash Application	<input type="checkbox"/>	<input type="checkbox"/>
Razor Cutting	<input type="checkbox"/>	<input type="checkbox"/>	Makeup Application	<input type="checkbox"/>	<input type="checkbox"/>
<i>Color Services</i>			<i>Styling</i>		
Single Process	<input type="checkbox"/>	<input type="checkbox"/>	Blow-drying	<input type="checkbox"/>	<input type="checkbox"/>
Double Process	<input type="checkbox"/>	<input type="checkbox"/>	Curl Iron/Wand	<input type="checkbox"/>	<input type="checkbox"/>
Foiling Techniques	<input type="checkbox"/>	<input type="checkbox"/>	Flat Iron	<input type="checkbox"/>	<input type="checkbox"/>
Corrective Color	<input type="checkbox"/>	<input type="checkbox"/>	Formal/Updos	<input type="checkbox"/>	<input type="checkbox"/>
Ombre	<input type="checkbox"/>	<input type="checkbox"/>	Roller Sets	<input type="checkbox"/>	<input type="checkbox"/>
Balayage	<input type="checkbox"/>	<input type="checkbox"/>	Extensions	<input type="checkbox"/>	<input type="checkbox"/>
<i>Treatments</i>			<i>Additional Skills</i>		
Brazilian Blowouts	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Scalp Treatments	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Split-end Treatments	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Perms	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

Special Skills such as: Typing, drawing, ad writing, marketing ideas, sales skills, etc.:

What are your professional goals and how would you be an asset to Salon 22?

REFERENCES

Please list 3 professional references with name & contact info:

1. _____
2. _____
3. _____

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview may result in termination.

Signature _____ Date _____
