

Application for Employment

We appreciate your interest in our company and we are most certainly interested in your qualifications! A clear understanding of your work history and background will help us see if you're the next team member!

BOUT YOU:					
Full Name: Today's Date:	Today's Date:				
Nickname: E-mail address:	E-mail address:				
Street Address: City: ZIP:					
Cell number: Best way to communicate (circle): E-mail Text Pho	one				
Are you legally authorized to work in the United States (circle one): YES NO					
OCIAL MEDIA:					
Personal & Professional FB Page Addresses:					
Personal & Professional Insta Page Addresses:					
Other Prof. Social Media Page Addresses:					
AREER DESIRES:					
Position Desired (circle one or more):					
STYLIST FRONT DESK/SALES MAKEUP ARTIST ASSOCIATE STYLIS					
BARBER OTHER:					
Hours: Full time (32+ hours) Part time (< 32 hours)					
Please specify the days and hours you <u>desire:</u>					
Mon: Tues: Wed:					
Thurs: Fri: Sat: Sun:					
Is there any reason that you would not be able to be at work on time every day?					
Explain:					

When are you available to start:								
Pay Desired (circle one):	Salar	Salary Hourly		Commission				
	Amount:							
Amount: HOW DID YOU HEAR ABOUT US? (circle one or more)								
Website Fa	cebook	Walk in/Drive by	' In	stagram				
School:	Employee:		Current	Guest:				
Other:		What attracted y	ou to apply	y with us: _				
SKILLS/EXPERIENCE:								
On a scale 1-6 rate yo	ur expertise in	each area (6 being	greatest).	If no exper	ience, mark NA			
Phone Handling	Appt. 9	Scheduling	Computer	s	Clerical			
Retail Sales	Shamp	oooing	Formulation	on	Customer Service			
Hair Cutting	Foiling		Perms		Up Do Styling			
Perms	Smoot	thing Treatments	Brow Tinti	ng	Management			
Facial Waxing	Make	up	Graphic De	esign	Leadership Roles			
Inventory	Fades		Shaves		Beard Trimming			
Are you currently a lic	ensed cosmetc	ologist/barber (circ	le one):	YES	NO			
If not, please explain:								
EDUCATION/TRAINING:								
How many advanced trai	ning seminars/shc	ows/classes have you	attended in	the past year	?			
How many online trainings (you tube/facebook/Instagram/etc.) do you watch per month?								
Please list any advanced academies, courses, education or shows you have completed:								

GOALS:

Please answer the following questions. (Use back of page if needed)						
What are your goals?						
Р	Personal Goals: Professional Goals:					
	1.	1				
	2					
	2	2				
	3	3				
What v	would you consider an ideal income after:					
1 Year:	: 3 years:	7 years:				
What a	are you looking for in a salon/barbershop ho	ome? What is your 'ideal salon/barbershop' to work in?				
If currently employed, why do you want to leave your current employment?						
Describe what you feel your roles/responsibilities/job tasks would be in a typical day if you were hired with us:						
ASSOCIATES/SERVICE PROVIDERS ONLY: How would you build your clientele?						
FRONT DESK/SALES/MANAGEMENT: What would you do to make guests want to come back again?						
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EMPLOYMENT HISTORY: Please begin with most recent.

City: State: ZIP: Job Summary/Duties:	
Reason for leaving: Immediate Supervisor/manager: May we contact them if you are still employed?	Are you still employed with this company? Would they rehire you? YES NO NOT SURE
Company Name: State: ZIP: Job Summary/Duties:	Dates Employed (mo./year): Start: End:
Reason for leaving: Immediate Supervisor/manager: May we contact them if you are still employed?	Are you still employed with this company?
Company Name: State: ZIP: Job Summary/Duties:	Position held: Dates Employed (mo./year): Start: End:
Reason for leaving: Immediate Supervisor/manager: May we contact them if you are still employed?	Are you still employed with this company?

REFERENCES:

List below names of three people, not related to you, that have known you for a minimum of one year.

EX: (Someone you've work with, worked for, a former teacher, coach, leader, etc.)

Name: Occupation:					
			Phone:		
E-mail:					
now do you know them:					
Name:	Occupation:				
City:	State:	ZIP:	Phone:		
E-mail:	How long have you known them?				
How do you know them?					
Name:	Occupation:				
City:	State:	ZIP:	Phone:		
E-mail:	How long have you known them?				
How do you know them?					
Please revie	w your applica	ation and ensu	re it is completed in full.		
ACKNOWLEDGEMENT:					
I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I also agree that any false information, misrepresentation, or omissions, whether oral or written, may disqualify me from further consideration for employment and may result in discipline or dismissal if discovered at a later date. I authorize a thorough investigation of all statements and references contained in this application, including my employment history, including discipline and attendance records.					
Signature:			Date:		
Please Note: If we currently do not have the position you a applying for available OR another candidate is hired, would you like us to keep your application on file for future positions? (circle one)					
	YE	ES NO			