

Application for Employment

Salon 755

Salon 755 is an equal opportunity employer, and no question on this application will be used for the purpose of limiting or excluding any applicant from consideration for employment. Equal access employment, services, and programs are available to all persons. Applicants needing a reasonable accommodation to the application and/or interview process should notify a representative of Salon 755.

APPLICANT INFORMATION

Applicant Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternative Phone: _____

E-mail Address: _____

Position(s) applied for or type of work desired: _____

How were you referred to Salon 755? _____

Do you have an active license to perform cosmetologist or barber services? _____

License number(s): _____

State(s) license active in: _____

Please list any job-related training, skills, licenses, certifications, and/or other qualifications:

Date you will be available to start work: _____

Are you able to meet the attendance requirements: Yes / No

Do you have any objection to working overtime if necessary? Yes / No

Can you travel if required by this position? Yes / No

Are you able to work weekends? Yes / No

Are you available to work evenings? Yes / No

Have you ever been previously employed by Salon 755? Yes / No

Can you submit proof of legal employment authorization and identity? Yes / No

Educational History

List school name, location, years completed, course of study, and any degrees earned:

High School: _____

College: _____

Technical Training: _____

Cosmetology/Barber School: _____

Other: _____

Employment History

Employer: _____

Address: _____

Dates Employed: _____ to _____

Supervisor's Name: _____

Job Title: _____ Final Rate of Pay: _____

Responsibilities: _____

Reason for Leaving: _____

Employer: _____

Address: _____

Dates Employed: _____ to _____

Supervisor's Name: _____

Job Title: _____ Final Rate of Pay: _____

Responsibilities: _____

Reason for Leaving: _____

Employer: _____

Address: _____

Dates Employed: _____ to _____

Supervisor's Name: _____

Job Title: _____ Final Rate of Pay: _____

Responsibilities: _____

Reason for Leaving: _____

References

List three professional reference's name, telephone number, and years known (do not include relatives).

Name	Phone Number	Years Known
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1. _____

2. _____

3. _____

WORK AVAILABILITY

Please fill out the following chart with your availability:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
9AM							
10AM							
11AM							
12PM							
1PM							
2PM							
3PM							
4PM							
5PM							
6PM							
7PM							
8PM							
9PM							

I understand that this application for employment is not a job offer or a conditional job offer. I hereby authorize Salon 755 to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references.

I hereby release from liability Salon 755 and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand any misrepresentation or material omission made by myself on this application will be a sufficient cause for cancellation of this application, or immediate termination of employment if I am employed- whenever it may be discovered. If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time.

I am willing to submit to a test for drugs or alcohol if Salon 755 makes a conditional offer of employment and I understand if a job offer is withdrawn based on a positive test, Salon 755 will provide notice.

I represent and warrant that I have read and full understand the foregoing.

Applicant Signature: _____ Date: _____