

Salon Evangelene- Application for Employment

We consider applications for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

PLEASE PRINT CLEARLY

Date: _____

Position(s) applied for _____

Desired Salary _____

How did find out about our salon? Newspaper Employee walk-in Relative TV
commercial Other

Why are you seeking a new job at this time? _____

Have you ever worked in a salon before? _____

Have you received services here at Salon Evangelene? _____

Applicant Information

Social Security
Number _____

Name _____

Address _____

City/State/Zip _____

Phone _____ Cell _____ Do you text? _____

Email _____

Are you at least 18 years old? _____

If hired, do you have a reliable means of transportation to get to work? _____

Please list any friends or family employed by this company _____

Employment Information

Are you seeking full time, part time employment? (FYI, we do not offer temporary or seasonal employment) _____

What hours/ shifts would you prefer to work _____

List times you are not available to work _____

Are you willing to work overtime? _____ weekends? _____

holidays? _____

Work History (please begin with most recent)

1. Company _____ Phone _____

Address _____ City/State/Zip _____

Dates of employment: from _____ to _____ Ending Salary _____

Job Title _____ Supervisor's Name & Title _____

Describe duties performed _____

Specific reason for leaving _____

2. Company _____ Phone _____

Address _____ City/State/Zip _____

Dates of employment: from _____ to _____ Ending Salary _____

Job Title _____ Supervisor's Name & Title _____

Describe duties performed _____

Specific reason for leaving _____

3. Company _____ Phone _____

Address _____ City/State/Zip _____

Dates of employment: from _____ to _____ Ending Salary _____

Job Title _____ Supervisor's Name & Title _____

Describe duties performed _____

Specific reason for leaving _____

4. Company _____ Phone _____

Address _____ City/State/Zip _____

Dates of employment: from _____ to _____ Ending Salary _____

Job Title _____ Supervisors Name & Title _____

Describe duties performed _____

Specific reason for leaving _____

*May we contact the employers listed above? _____

Have you ever been discharged (fired) or asked to resign from any position?

If yes, please describe _____

Are you currently employed? _____

If so, why are you looking for elsewhere? _____

If hired, when would you be able to start? _____

Please describe any special skills, training or education _____

What sets you apart from other applicants? Please describe _____

Please list your top three strengths

Please share how your past experience & performance will contribute to a position as Salon Evangelene _____

Education

please fill in all that apply:

High School attended _____ Did you graduate? _____ GED _____

College _____ Did you graduate? _____

Major _____ Degree earned _____

Any other training or education _____

Licensed Cosmetologists, Estheticians, Nail Technicians, Massage Therapists, Make-up artists -
Please list your:

License # _____ State Issued in _____

School you attained your State Board training from _____

Year you attained license _____

Classes/ Hair Shows/ Academy's _____

Manufacturer Trainings _____

Color line you worked with _____ liquid line you worked with _____

Authorizations & At-Will Employment Agreement

Please read carefully

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, background check and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to other nature and scope of such investigations.

At will employment agreement

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my

employment and compensation will be at –will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company’s owner is authorized to change the employment at-will status and such a change can be done in any way deemed appropriate to them. I have read, understand, and agree to the above.

Signature _____ date _____

Printed name _____