

**EMPLOYMENT APPLICATION**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Position:

FRONT DESK**COSMETOLOGIST****ASSISTANT****NAIL TECHNICIAN****ESTHETICIAN****MASSAGE THERAPIST**Do you hold a current, valid state license relevant to the position? ☐ YES ☐ NO

License # _____ Expiration Date: _____

Do you hold an educators license in this area? ☐ YES ☐ NO

License # _____ Expiration Date: _____

Do you hold an educator license in this area? ☐ YES ☐ NO

License # _____ Expiration Date: _____

Do you hold an educator license in this area? ☐ YES ☐ NOAre you currently pursuing professional licensure relevant to the position? ☐ YES ☐ NO

If so, please list the degree program (e.g. "Cosmetology"): _____

Anticipated Graduation Date: _____

Are you currently employed in a salon or spa? ☐ YES ☐ NOIf so, may we contact your current employer? ☐ YES ☐ NO

Available Start Date: _____

EDUCATION HISTORY**High School:** _____ **Did You Graduate?** ☐ YES ☐ NO

Years Attended: _____

College/University: _____ **Did You Graduate?** ☐ YES ☐ NO

Major/Field of Study: _____

Business/Technical School: _____ **Did You Graduate?** ☐ YES ☐ NO

Major/Field of Study: _____

Please list any advanced training, certifications, degrees or awards relevant to the position:**REFERENCES***Please list two references who are not related to you.**Reference #1***Name:** _____ **Telephone:** _____ **Relationship:** _____*Reference #2***Name:** _____ **Telephone:** _____ **Relationship:** _____**AVAILABILITY***Please list your availability by day/time.*

	SALON HOURS	YOUR AVAILABILITY
MONDAY	10 AM – 8 PM	
TUESDAY	NONE	
WEDNESDAY	NONE	
THURSDAY	10 AM – 8 PM	
FRIDAY	10 AM – 7 PM	
SATURDAY	9 AM – 5 PM	
SUNDAY	11 AM – 4 PM	

EMPLOYMENT HISTORY

Please list your most recent related employment. Use additional pages if necessary. If available, please attach a current resume.

Current Employer

Employer: _____ **Dates Employed:** _____

Position: _____ **Supervisor:** _____ **Telephone:** _____

Currently employed? ☐ YES ☐ NO **May We contact this employer?** ☐ YES ☐ NO

Employer 1

Employer: _____ **Dates Employed:** _____

Position: _____ **Supervisor:** _____ **Telephone:** _____

Currently employed? ☐ YES ☐ NO **May We contact this employer?** ☐ YES ☐ NO

Employer 2

Employer: _____ **Dates Employed:** _____

Position: _____ **Supervisor:** _____ **Telephone:** _____

Currently employed? ☐ YES ☐ NO **May We contact this employer?** ☐ YES ☐ NO

Employer 3

Employer: _____ **Dates Employed:** _____

Position: _____ **Supervisor:** _____ **Telephone:** _____

Currently employed? ☐ YES ☐ NO **May We contact this employer?** ☐ YES ☐ NO

Employer 4

Employer: _____ **Dates Employed:** _____

Position: _____ **Supervisor:** _____ **Telephone:** _____

Currently employed? ☐ YES ☐ NO **May We contact this employer?** ☐ YES ☐ NO

If offered employment, will any of the following be a challenge?

- | | |
|---|--|
| 1. Hours from 9 AM through 9 PM? | <input type="checkbox"/> OK <input type="checkbox"/> Challenge |
| 2. Working weekends? | <input type="checkbox"/> OK <input type="checkbox"/> Challenge |
| 3. No personal phone usage? | <input type="checkbox"/> OK <input type="checkbox"/> Challenge |
| 4. No absenteeism? | <input type="checkbox"/> OK <input type="checkbox"/> Challenge |
| 5. Arriving at least 10 minutes prior to shift? | <input type="checkbox"/> OK <input type="checkbox"/> Challenge |
| 6. Attending training classes outside working hours? | <input type="checkbox"/> OK <input type="checkbox"/> Challenge |
| 7. Staying late/starting early as necessary? | <input type="checkbox"/> OK <input type="checkbox"/> Challenge |
| 8. Assisting with regular housekeeping duties? | <input type="checkbox"/> OK <input type="checkbox"/> Challenge |
| 9. Attending team meetings and events? | <input type="checkbox"/> OK <input type="checkbox"/> Challenge |
| 10. Occasionally covering shifts as needed? | <input type="checkbox"/> OK <input type="checkbox"/> Challenge |
| 11. Participating in our skills training program? | <input type="checkbox"/> OK <input type="checkbox"/> Challenge |
| 12. Taking direction from supervisor/manager? | <input type="checkbox"/> OK <input type="checkbox"/> Challenge |
| 13. Maintaining professional dress standards? | <input type="checkbox"/> OK <input type="checkbox"/> Challenge |
| 14. Participating willingly in sales/service goals? | <input type="checkbox"/> OK <input type="checkbox"/> Challenge |
| 15. Receptionist duties, answering phone, etc.? | <input type="checkbox"/> OK <input type="checkbox"/> Challenge |
| 16. Maintaining a current professional license, as required. | <input type="checkbox"/> OK <input type="checkbox"/> Challenge |
| 17. "Be[ing] Nice to Everyone" | <input type="checkbox"/> OK <input type="checkbox"/> Challenge |
| 18. Maintaining a cheerful, enthusiastic attitude at work? | <input type="checkbox"/> OK <input type="checkbox"/> Challenge |
| 19. Dealing with unhappy customers? | <input type="checkbox"/> OK <input type="checkbox"/> Challenge |
| 20. Dealing with / providing services to children? | <input type="checkbox"/> OK <input type="checkbox"/> Challenge |
| 21. Do you have reliable transportation? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 22. Is your transportation flexible if hours change? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 23. Do you have reliable, flexible child care readily available? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Please explain any challenges you have listed above:

Please rate your skills in the following areas as 1 (poor), 2 (needs improvement), 3 (average), 4 (above average), or 5 (excellent)

Customer Service	1	2	3	4	5
Consultation	1	2	3	4	5
Suggesting Retail Products	1	2	3	4	5
Client Retention/Rebooking	1	2	3	4	5
Asking for Referrals	1	2	3	4	5
“Upselling”	1	2	3	4	5
Women’s Long Haircuts	1	2	3	4	5
Women’s Short Haircuts	1	2	3	4	5
Men’s Cuts	1	2	3	4	5
Children’s Cuts	1	2	3	4	5
Finishing / Blowout	1	2	3	4	5
Formal Styling	1	2	3	4	5
Color Services	1	2	3	4	5
Highlighting Services	1	2	3	4	5
Specialty Color (Balayage, Ombre, etc.)	1	2	3	4	5
Permanent Wave Services	1	2	3	4	5
Relaxer/Other Texture Services	1	2	3	4	5
Nails (mani/pedis)	1	2	3	4	5
Nails (enhancement services)	1	2	3	4	5
Facials/Esthetic Services	1	2	3	4	5