

Employment Application

Date:	Po	osition Applying For:			
Contact Info	ormation				
Name:					
	Last	First		Middle	
Address:					
Email Address	S:				
Emergency Co	ontact:				
<u>Personal Inf</u>	<u>formation</u>				
Are you able to	o perform the specific	functions of the job? Yes	s No		
If employed, a	nd you are under 18-y	rears-old, can you furnish a	ı work permit?	Yes	No
Have you ever	been employed in a sa	alon before? Yes N	Го		
	Status? (Proof of citize	oming employed in this conship or immigration statu	•		
Vac	No				

disqualify the applicant from employment.) Yes No If yes, please explain: Do you have a PA Cosmetology, Aesthetic, Massage, or Nail License? License Number: _____ Date of Issue: _____ Name and Address of Cosmetology/Massage/Nail/Aesthetic School: Dates Attended: When was the last class you attended? What class was it? Do you have any other training? **Employment History** Are you currently employed and if so, where? May we contact you present employer? Present Employer Contact Information: Please provide all information for your past three employers, starting with the most recent.

Have you been convicted of a felony within the last 7 years? (A conviction will not necessarily

	Position Held:	
	Address:	
	Phone:	
	Immediate Supervisor Name/Title:	
	Dates Employed:	Salary:
	Job Summary:	
	Reason for Leaving:	
1.	Employer:	
	Position Held:	
	Address:	
	Phone:	
	Immediate Supervisor Name/Title:	
	Dates Employed:	Salary:
	Job Summary:	
	Reason for Leaving:	
2.	Employer:	
	Position Held:	
	Address:	
	Phone:	
	Immediate Supervisor Name/Title:	
	Dates Employed:	Salary:

Job Summary:
Reason for Leaving:
Education History
Please list the school name and location, years completed there, any specific areas of study, and any degrees earned:
High School:
College:
Technical Training:
Other:
Skills, Qualifications, and Other
Summarize any job-related training, skills, licenses, certificates and/or other qualifications:
What is your availability?
What is your desired salary?

References

List th	ree references below:		
1.	Name:		Relationship:
	Phone:	Other Contact:	
	How long have you known him/her?		
2.	Name:		Relationship:
	Phone:	Other Contact:	
	How long have you known him/her?		
3.	Name:		Relationship:
	Phone:	Other Contact:	
	How long have you known him/her?		
Quest	<u>tions</u>		
Why d	o you want to work at Evangelin A Bo	utique Salon?	
Name	three strengths that you would bring	to Evangelin A E	Boutique Salon.
Name	three areas that you would like to imp	orove upon (may	be unrelated to the craft).

What kind of work environment do you thrive in?

Signature

PLEASE READ CAREFULLY BEFORE SIGNING.

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate, and complete to the best of my knowledge. I understand that falsification, misrepresentation, or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Evangelin A Boutique Salon, that such employment with Evangelin A Boutique Salon is at will, for no specified duration, and may be terminated by either Evangelin A Boutique Salon or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, or statements of the Salon or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of Evangelin A Boutique Salon except the owners has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the owner of Evangelin A Boutique Salon.

I hereby authorize Evangelin A Boutique Salon to contact any and all former employers, personal references, and private or public agencies named in this application to obtain any job-related information they may have regarding my employment and/or character. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information. I understand that this application is considered current for three months. If I wish to be considered for employment after this period, I must fill out and submit a new application.

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