



alltressedup
BLOWDRY & BEAUTY BAR

EMPLOYMENT APPLICATION

PERSONAL

NAME: _____ DATE: ____/____/____

ADDRESS: _____ DOB: ____/____/____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

SSN: _____ - _____ - _____ DL NUMBER: _____ STATE ISSUED: _____

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? YES NO

ARE YOU OVER 18 YEARS OF AGE? YES NO

HAVE YOU EVER BEEN CONVICTED OF A STATE OR FEDERAL FELONY? YES NO

IF SO, PLEASE EXPLAIN: _____

HAVE YOU PREVIOUSLY APPLIED WITH ALL TRESSED UP BLOWDRY AND BEAUTY BAR? YES NO

IF SO, WHEN AND WHERE? _____

HOW DID YOU HEAR ABOUT US? _____

POSITION APPLYING FOR:

SALON RECEPTIONIST STYLIST

MAKEUP ARTIST ASSISTANT

EMPLOYMENT DESIRED: FULL TIME PART TIME FREELANCE OPEN

DESIRED SALARY: _____

WHEN ARE YOU AVAILABLE TO START? _____

DAYS AND HOURS AVAILABLE TO WORK

MONDAY: _____

THURSDAY: _____

TUESDAY: _____

FRIDAY: _____

WEDNESDAY: _____

SATURDAY: _____

SUNDAY: _____

COSMETOLOGY/ ESTHIOLOGY

SCHOOL: _____ CITY/STATE: _____

DATE STARTED: _____ DATE GRADUATED: _____

ARE YOU LICENSED: YES NO LICENSE NUMBER: _____ STATE: _____

IF NOT, WHEN IS YOUR GRADUATION DATE: _____

EDUCATIONAL BACKGROUD

NAME & LOCATION	YEARS ATTENDED	SUBJECTS STUDIED	GRADUATED?
HIGH SCHOOL			YES NO
COLLEGE			YES NO
TRADE SCHOOL			YES NO

EMPLOYMENT EXPERIENCE

(PLEASE START WITH MOST RECENT/PRESENT)

EMPLOYER: _____ PHONE: _____

TITLE: _____ SUPERVISOR: _____

EMPLOYED FROM/TO: _____ SALARY: _____

DUTIES PERFORMED: _____

REASON FOR LEAVING: _____

EMPLOYER: _____ PHONE: _____

TITLE: _____ SUPERVISOR: _____

EMPLOYED FROM/TO: _____ SALARY: _____

DUTIES PERFORMED: _____

REASON FOR LEAVING: _____

EMPLOYER: _____ PHONE: _____

TITLE: _____ SUPERVISOR: _____

EMPLOYED FROM/TO: _____ SALARY: _____

DUTIES PERFORMED: _____

REASON FOR LEAVING: _____

ARE YOU CURRENTLY EMPLOYED? YES NO

MAY WE CONTACT YOUR EMPLOYER? YES NO

REFERENCES

(INCLUDE 1 PROFESSIONAL AND 1 PERSONAL)

NAME: _____ PHONE: _____

RELATIONSHIP: _____ YEARS KNOWN: _____

NAME: _____ PHONE: _____

RELATIONSHIP: _____ YEARS KNOWN: _____

I HEREBY CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME IN THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENT) IS CORRECT, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF ANY FACTS OF SAID DOCUMENTS WILL BE CAUSE OF DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT REGARDLESS OF THE TIMING OR CURCUMSTANCES 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 ALL TRESSED UP BLOWDRY AND BEAUTY BAR, IS AT WILL, FOR NO SPECIFIED DURATION AND MAY BE TERMINATED BY EITHER ALL TRESSED UP BLOWDRY AND BEAUTY BAR OR MYSELF AT ANY TIME, WITH OR WITHOUT CAUSE OR NOTICE. I UNDERSTAND THAT NONE OF THE DOCUMENTS, POLICIES, ACTIONS, STATEMENTS OF ALL TRESSED UP BLOWDRY AND BEAUTY BAR OR ITS REPRESENTATIVES USED DURING THE EMPLOYMENT PROCESS IS DEEMED A CONTRACT OF EMPLOYMENT REAL OR IMPLIED. I UNDERSTAND THAT NO 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 OWNERS OF ALL TRESSED UP BLOWDRY AND BEAUTY BAR.

I HEREBY AUTHORIZE ALL TRESSED UP BLOWDRY AND BEAUTY BAR 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 EMPLOYMENT AND/ OR CHARACTER. I HEREBY RELEASE ALL PARTIES AND PERSONS CONNECTED WITH 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 SIX MONTHS. IF I WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THIS PERIOD I MUST FILL OUT AND SUBMIT A NEW APPLICATION.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

SIGNATURE

DATE