

Styles By Santone Employment Application

All applications will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, national origin, age, disability, or veteran status. Your application will be considered active for the next 30 days. Please re-apply to be considered for a job afterward. According to federal law, if you are hired, you must bring with you the appropriate original document(s) verifying your identity and showing eligibility for employment.

Personal Information

Date _____

Name _____

Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Phone Number _____ Second Contact # _____

Email Address _____ (Can we correspond with you by email- YES/NO)

Position applying for _____ Salon Location _____

Date you Can Start _____ Desired Compensation _____

Are you older than 18? Yes___ No___ Birth Date(MM-DD-YY) _____

Are you legally able to work in the U.S.? Yes___ No___

Have you ever been convicted of felonies or misdemeanors? Yes___ No___

If Yes, explain each occurrence and give dates

(Convictions will not necessarily disqualify you from the job for which you have applied)

Person to be notified in case of Emergency _____

Relationship _____ Contact Number _____

Availability

Total Hours available per week _____ Full Time? _____ Part Time? _____

How far do you live from Salon? _____

Do you have transportation? _____

Education

Cosmetology School Name _____

Address _____

Years Attended _____

Graduated? Yes___ No___ Now Enrolled? Yes___ No___

Date First Licensed_____

Can you produce a valid Cosmetology License?_____

Describe other salon related training or certification:

	Skilled In	Advanced Trainging?	Timing Needed
Scissor Cutting			
Razor Cutting			
Precision/Dry Cutting			
Men's/Children's Cuts			
Color Formulation			
Color Correction			
Blow Dry Styling			
Foiling			
Evening Styling / updos			
Roller Sets			
Extensions (List Type)			

Employment History

Please list your present or last employer first. Include all relevant experience including part-time, full time, and/or volunteer at will. If you need additional space, please use a separate sheet.

1. Employer's Name _____ Phone Number _____ Address _____
Dates of Employment, From: _____ to _____
Position Held _____ Salary _____ Supervisor's Name _____ May we contact? Yes ___ No ___
Describe Duties _____ Reason for leaving _____

2. Employer's Name _____ Phone Number _____ Address _____
Dates of Employment, From: _____ to _____
Position Held _____ Salary _____ Supervisor's Name _____ May we contact? Yes ___ No ___
Describe Duties _____ Reason for leaving _____

Reference

Name _____ Relationship _____
Yrs. Known _____ Contact Number _____
May we contact? Yes ___ No ___

Name _____ Relationship _____
Yrs. Known _____ Contact Number _____
May we contact? Yes ___ No ___

Name _____ Relationship _____
Yrs. Known _____ Contact Number _____
May we contact? Yes ___ No ___

An application form sometime makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Please Read and Sign Below

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the Salon Management unless I have indicated to the contrary. I authorize the references listed above to provide the company with any information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to this Salon as well as from the use or disclosure of such information by the Salon or any of their agents, Managers, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result on a failure to receive an offer or, if I am hired, in my dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the Salon and agree that my employment and compensation can be terminated at will, with or without notice, at any time, either at my option or at the option of the Salon.

Full Name (Print Legibly) _____

Signature _____ **Date** _____