

# *Friends the Salon*

## *Employment Opportunity*

*Friends the Salon is a full service beauty salon dedicated to consistently providing high customer satisfaction by rendering excellent service, quality products, and furnishing an enjoyable atmosphere. A friendly, fair, and creative work environment shall be maintained which also respects diversity, ideas and hard work. Friends the Salon intends to provide an efficient and effective environment for other professionals in the industry to maintain their career in a financially rewarding way.*

## *Ask Yourself!*

### DO YOU WANT TO...

- *Be part of a team that supports your passion?*
  - *Work in an environment that you love?*
  - *Work in a salon that will support your client building goals?*
- *Work in a salon continually staying on the cutting edge of technology?*
  - *Make more money than you dreamed possible?*
- *Work with hands on owners that will support and contribute to your continuing education?*

*We are seeking high energy, fun, education and career oriented individuals. If you want to stand out above the rest and take your business from ordinary to extraordinary, fill out the employment application.*

# *Friends the Salon -- Employment Application*

**PERSONAL INFORMATION** *(Please Print)*

\_\_\_\_\_

**Position(s) Applied For** \_\_\_\_\_ **Date of Application** \_\_\_\_\_

\_\_\_\_\_

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Middle Name** \_\_\_\_\_

\_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

\_\_\_\_\_

**Telephone Number** \_\_\_\_\_ **Alternate Number** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

Are you legally eligible to work in the United States? Yes  No   
*(Proof of eligibility will be required upon offer of employment)*

Are you over 18 years of age? Yes  No

How Did You Hear About Us?  
 School  Client  Current Employer  Other

Are you a *(check all that apply)*:  
 licensed cosmetologist?  Hair Stylist?  Nail Technician? or  Massage Therapist?

State License number \_\_\_\_\_

What commission/rate of pay do you expect to receive if you are employed? \_\_\_\_\_

\_\_\_\_\_

What date are you available to start? \_\_\_\_\_

**EDUCATION HISTORY**

**High School**

Name & Location	Years Attended	Subjects Studied	Graduated?

**College/Trade**

Name & Location	Years Attended	Subjects Studied	Graduated?

**College/Trade**

Name & Location	Years Attended	Subjects Studied	Graduated?

*Please list any academic honors, scholarships, offices held and special skills we should know about.*

**EMPLOYMENT HISTORY** *(Please begin with your most recent employer. Do not exclude any employment. Attach another sheet if necessary.)*

If currently employed, may we contact your present employer? Yes  No

*Most Recent*

_____	Start _____	End _____	_____
Company Name	Employment Dates		Rate of Pay
_____			
Address _____	Phone _____	Supervisor's Name & Title _____	
_____			
Position and Responsibilities _____			
_____			
Reason for leaving and explanation _____			

_____	Start _____	End _____	_____
Company Name	Employment Dates		Rate of Pay
_____			
Address _____	Phone _____	Supervisor's Name & Title _____	
_____			
Position and Responsibilities _____			
_____			
Reason for leaving and explanation _____			

_____	Start _____	End _____	_____
Company Name	Employment Dates		Rate of Pay
_____			
Address _____	Phone _____	Supervisor's Name & Title _____	
_____			
Position and Responsibilities _____			
_____			
Reason for leaving and explanation _____			

Please list any academic honors, scholarships, offices held and special skills we should know about.

**REFERENCES** *(Please list three persons, who are not related to you or previous supervisors, who can provide professional references.)*

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Address** **Phone**

\_\_\_\_\_  
**Relationship/Occupation** **Years Known**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Address** **Phone**

\_\_\_\_\_  
**Relationship/Occupation** **Years Known**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Address** **Phone**

\_\_\_\_\_  
**Relationship/Occupation** **Years Known**

**Have you been convicted of a felony within the last 7 years? Yes  No**

*Note: Conviction will not necessarily disqualify an applicant from employment.*

**If yes, please explain** \_\_\_\_\_

\_\_\_\_\_

**\*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 the 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 Friends the Salon that such employment with Friends the Salon is at will, for no specified duration and may be terminated by either Friends the Salon or me at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, and statements of Friends 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 Friends the Salon except the Owner 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 or Business Manager of Friends the Salon. I hereby authorize Friends the 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.

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

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**