

Today's date _____



Application for Salon Employment

Name _____
Social Security # _____ - _____ - _____
Address _____ Phone _____
_____ DOB ____/____/____ Web _____
Address _____ E-mail Ad _____
dress _____
City _____
State _____ Zip _____ Full or Part _____
Time _____ Day or _____
Evening _____ Position Applied _____
for _____ Cosmetology License
_____ Are you licensed in any other states and/or
countries? If so, which ones?

Do you have a disability or physical condition that would limit your job performance in this position? If so, describe. _____

Referred by _____
Do you have any friends or relatives employed by us?

Are you presently employed? _____ May we contact your employer?
_____ Date you can
begin _____

Employment Experience

Please list your last three employers, beginning with current employer.

Employer _____
Phone # _____

Title _____
Owner/Manager _____ Reason for
Leaving _____
Employed From/ _____

to _____
 Compensation/Salary _____ Duties _____
 Performed _____
 Employer _____
 Phone # _____
 Title _____
 Owner/Manager _____ Reason for _____
 Leaving _____
 Employed From/to _____
 Compensation/Salary _____ Duties _____
 Performed _____
 Employer _____
 Ph one # _____
 Title _____
 Owner/Manager _____ Reason for _____
 Leaving _____
 Employed From/To _____
 Compensation/Salary _____ Duties _____
 Performed _____

Please indicate the compensation you desire:

During Training \$ _____ per hour After Six Months
 \$ _____ per hour

Name & City of High School _____ #
 yrs. Completed _____ Name & City of Cosmetology School _____

Date Started _____ Date Graduated _____ Name & City of College #
 yrs. Attended _____

Major _____ Degree Earned _____
 Please list all advanced training courses, educational seminars, and conferences you have attended:

Please list all professional memberships which will be beneficial to your work in this position:

Please list your current hobbies and areas of interest outside your profession:

Have you ever been convicted of a felony? Yes _____ No _____

List three references (include two professional references):

Name _____ Ph

Address _____

City _____ State _____

Title and/or
relationship _____

Name _____ P

Address _____

City _____ State _____

Title and/or
relationship _____

Name _____ P

Address _____

City _____ State _____

Title and/or
relationship _____

I certify that the answers given are true and correct to the best of my knowledge. I authorize Vanilla Bean Salon and Spa to verify any representations made by me either oral or written concerning personal employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I understand that Vanilla Bean Salon and Spa may contact individuals or organizations other than these I have provided as a reference in this process. I hereby release all employers, companies, corporations, credit bureaus, law enforcement agencies, schools, or persons from any and all liability in responding to inquiries in connection with this application. In the event of employment, I understand that false or misleading information given in this application (or in any interviews) may result in my discharge. I also understand that the prior written consent of Vanilla Bean Salon and Spa is required for participation inside ventures or additional employment should I enter into an employment agreement with Vanilla Bean Salon and Spa.

Signature: _____ Date: _____
e: _____ Rev. 8/22/2012