

TEXTURES FULL SERVICE SALON

+APPLICATION FOR EMPLOYMENT

It is against Federal law to discriminate in regard to race, creed, color, sex, age or national origin. It is the policy at TEXTURES Full Service Salon to select and place the best qualified individual in the particular job opening, without prejudice in regard to race, creed, color, sex, age, national origin or handicap, (if otherwise qualified).

Name _____ Social Security # _____
Last First

Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Phone # _____ / _____ Date of Birth _____
Home / Other

In case of emergency contact: _____ Phone # _____
Name/Relationship

Address _____
Street / City / State / Zip Code

Position desired _____ Full time _____ Part time _____
(Check one)

Date available _____ Referred by _____

What is your personal health? (check one) Excellent _____ Good _____ Poor _____

Do you have disabilities or allergies? (check one) Yes _____ No _____

If yes, please explain _____

Years of experience _____ Areas of specialization _____

Do you have a Cosmetologist/Hairdresser license in this state? (check one) Yes _____ No _____

Cosmetology school attended _____ Year(s) _____

Did you graduate from high school? (check one) Yes _____ No _____

Have you attended any advance school? (check one) Yes _____ No _____ If yes, please list:

Name _____ / City _____ / State _____ / Date _____

Name / City / State / Date

Name / City / State / Date

How do you rate yourself as a hairdresser?(check one)

Excellent ___ Very Good ___ Average ___ Fair ___ Poor ___

How do you feel about selling?(check one) Like it ___ Don't like it ___

Do you have adequate means of transportation?(check one) Yes ___ No ___

Do you have a following? (check one) Yes ___ No ___

I am licensed, qualified and competent to work in the areas checked: (please check all that pertain to you)

- ___ A. Haircutting
___ B. All permanent wave services
___ C. All hair color services
___ D. Hair styling & hairdressing
 ___ Blow Drying
 ___ Hot or Thermal Iron
 ___ Wet or Roller sets
 ___ Up do's
___ E. Braiding
 ___ French ___ Inverted French ___ Cornrows ___ Other
___ F. Nails
 ___ Manicuring ___ Nail Extensions ___ Pedicures ___ Nail Art
___ G. Skin Care
 ___ Facials ___ Make Up
___ H. Waxing

Lip Brow Bikini Leg Other (please specify)

Are you willing to provide a model and demonstrate your abilities within the areas you have checked? Yes No

Please list your last two positions:

1. Employer _____ Address _____

Dates From _____ To _____ Worked Performed _____

Job Title _____ Hrly. Rate/Salary _____

Reason for leaving _____

2. Employer _____ Address _____

Dates: From _____ To _____ Worked Performed _____

Job Title _____ Hrly. Rate/Salary _____

Reason for leaving _____

In signing this application form, I clearly understand and agree: (1) that all statements are true to the best of my knowledge; (2) no attempt has been made to conceal or withhold pertinent information; (3) I authorize investigation of all statements with no liability; (4) any falsification or misrepresentation may be considered cause for termination.

Applicant Signature _____ Date _____

Remarks: _____

Interviewed by: _____ Recommend hiring: ____ Yes ____ No
Hire date: _____ Job class _____ Salary _____

Remarks: _____
