

At The Top Salon & Gallery Employment Application

Date of Application:

Contact Information:

Name :

Last

First

Middle

Address:

Street

City

State

Zip Code

Telephone #:

Email Address:

Mobile #:

Social Security #:

Personal Information

Do you currently work at another salon? Yes No

If Yes, please list:

Can we contact this salon?:

Present Employers Contact Information:

Cosmetology License Number:

Date of Issue:

Do you have a CA License?:

If no, list licensing in other States/Countries:

Have you filled out an application here in the past? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration States? (Proof of citizenship or immigration status may be required upon employment) Yes No

Have you been convicted of a felony within the last 7 years? (conviction will not necessarily disqualify applicant from employment) Yes No

If yes, please explain

Applicants are considered for all positions without regard to race, color, religion, sex national origin, age marital or veteran status, sexual orientation, or the presence of a non-job-relation medical condition or handicap.

Training and Employment History

Name and Address of Beauty School:

Dates attended:

When was the last class you attended?:

What class was it?:

Other training:

Please list your previous employers (most current first)

1. Name:
2. Address:
3. Employed from/to:
4. Salary:

1. Name:
2. Address:
3. Employed from/to:
4. Salary:

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Referral Source

Friend (please name)

Relative (please name)

Other (please explain)

Employer (please name)

Why do you want to work at At The Top Salon & Gallery?

Name three strengths that you would bring to At the Top Salon & Gallery?

Name three areas that you would like to improve upon (may be unrelated to the craft)?

What kind of work environment do you thrive in?

Where do you see yourself in five years?

Manager Signature:

I certify that the information provided on this application is true and accurate and to the best of my knowledge.

Applicant Signature Date

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