

Employment Application

Applicant Information			
Last Name	First Name	M.I.	Date
Street Address		Apartment/Unit #	
City	State	Zip Code	
Home Phone	Email Address		
Cell Phone			
Are you a citizen of the U.S.? Yes No If no, are you authorized to work in the U.S.? Yes No			
In the past 7 years, have you ever been convicted of a felony, excluding misdemeanors and traffic violations? Yes No			
If yes, please explain (a conviction will not necessarily bar you from employment)			

Education	
High School	City, State
Did you graduate? Yes No	Graduation Year
College	City, State
Did you graduate? Yes No	Graduation Year Degree
Cosmetology School	City, State
Did you graduate? Yes No	Graduation Year
Cosmetology License Number:	

References	
<i>Please provide the names of 3 persons (not related to you) whom you have known for at least one year.</i>	
Full Name	Relationship
Company	Phone
Address	Years Known
City, State	Email Address
Full Name	Relationship
Company	Phone
Address	Years Known
City, State	Email Address
Full Name	Relationship
Company	Phone
Address	Years Known
City, State	Email Address

Previous Employment			
Company		Phone #	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
from	to	May we contact your previous supervisor?	
Responsibilities			
Reason for Leaving			

Company		Phone #	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
from	to	May we contact your previous supervisor?	
Responsibilities			
Reason for Leaving			

Company		Phone #	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
from	to	May we contact your previous supervisor?	
Responsibilities			
Reason for Leaving			

Availability							
Salon Business Hours	MON	TUES	WED	THR	FRI	SAT	SUN (Orland Only)
From	1:00p.m.	8:30a.m.	8:30a.m.	8:30a.m.	8:30a.m.	8:00a.m.	10:00a.m.
To	9:00p.m.	9:00p.m.	9:00p.m.	9:00p.m.	9:00p.m.	5:00p.m.	4:00p.m.
<i>Based on "Salon Business Hours" above, please note your available hours for each day of the week below:</i>							
Your Available Hours	MON	TUES	WED	THR	FRI	SAT	SUN
From							
To							

What position are you applying for?			
Desired Salary	Total Hours Per Week		Available Start Date
How did you hear about the position?			
Do you have transportation to work?	Yes	No	

Military Service

Branch	from	to
Rank of Discharge	Type of Discharge	
If other than honorable, explain		

Additional Information

Do you have a relative/friend currently employed with us? Yes No	
If yes, Name?	Position Location
Have you previously been employed by Lisa Thomas Salon? Yes No	
from to	Position
Reason for Leaving	
Any additional information?	

Disclaimer and Signature

I certify that the information I have given on this application is true and complete and understand that any false or misleading information given, or the omission of any pertinent information may result in my discharge at any time. I hereby authorize the Company to investigate my record with my former employers and personal references. If hired, I agree to abide by the policies, rules and expectations of Lisa Thomas Salon. I also understand that my employment can be terminated, with or without cause, with or without notice at any time. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, with or without notice, at any time by the company.

Signature	Date
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Personal Department Use Only

Employed? Yes No	Starting Date	Position Title
Hourly Rate? Yes No	Salary? Yes No	Commission? Yes No
Full Time Part Time	Authorized by?	Date
Notes:		

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