

STUDIO



1143 South Orange Avenue • Newark, New Jersey 07106
Phone: (973) 230-8084 • Website: www.StudioD.salon

SALON-SPA EMPLOYEE APPLICATION

Personal information

Full name: _____ Preferred name: _____

Present Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone: _____

Additional contact info: _____

What position are you applying for? _____

Why have you chosen to apply at Salon D?

Why do you feel you would be an asset to Salon D?

Are you a licensed cosmetologist / barber? _____ # _____ State _____

If so have you attended advance training? Yes _____ No _____

Please list any advanced training _____

Have you held any leadership positions? (I.e. school, employment, clubs etc.) _____ If yes, briefly describe:

What are some of your goals?

What are some of the goals that you hope to achieve within the next year?

What has prevented you from achieving these goals to date?

If you were able to qualify for this opportunity, would any of the below be a problem and why?

- ❖ Scheduled hours once we have decided your schedule? Yes _____ No _____
- ❖ Working weekends: Yes ___ No ___ If Yes, Why? _____
- ❖ Working evenings: Yes ___ No ___ If Yes, Why? _____
- ❖ Show up to work on time: Yes ___ No ___ If Yes, Why? _____
- ❖ Training classes outside of working hours: Yes ___ No ___ If Yes, Why? _____
- ❖ Providing own model for classes? Yes ___ No ___ If Yes, Why? _____
- ❖ Standing on feet? Yes ___ No ___ If Yes, Why? _____

Are you applying for a job or a career? Job _____ Career _____ Why? _____

If licensed, of the services we offer which do you not feel qualified to perform? _____

What do you consider your strongest quality? _____

What do you consider your weakest quality? _____

AVAILABILITY: PLEASE LIST ALL THE HOURS YOU ARE:

MONDAY _____
TUESDAY _____
WEDNESDAY _____
THURSDAY _____
FRIDAY _____
SATURDAY _____
SUNDAY _____

Education – High- School / Cosmetology / Barber /Other

High School: _____ #of Years attended: _____

Graduate? _____ Year: _____ Subjects studied: _____

Cosmetology/Barber School: _____

Graduate? Yes _____ No _____ If Yes, month/year: _____

If not, Why? _____ # hours To Date: _____

College/Trade/Other: _____

Employment history starting with the most recent *PLEASE ATTACH A COPY OF YOUR RESUME IF YOU HAVE ONE

Business Name: _____

Address: _____

Dates Employed: _____ to _____ Supervisors Name: _____

Job Title: _____ Final rate of pay: _____

Responsibilities: _____

Reason for leaving; _____

Business Name: _____

Address: _____

Dates Employed: _____ to _____ Supervisors Name: _____

Job Title: _____ Final rate of pay: _____

Responsibilities: _____

Reason for leaving; _____

Business Name: _____

Address: _____

Dates Employed: _____ to _____ Supervisors Name: _____

Job Title: _____ Final rate of pay: _____

Responsibilities: _____

Reason for leaving; _____

Are you employed now? Yes ___ No ___ If yes can we contact your employer? Yes ___ No ___

3 References not related to you that you have known for 1 year.

	Name	Phone	Business	Years known
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application could be grounds for dismissal. I authorize investigation of all statements and agree references listed above may give any information regarding my fitness for employment. I release all parties from all liability for any damage that may result from furnishing this information.

Signature

Date