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SALON

## EMPLOYMENT APPLICATION

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

### PERSONAL INFORMATION (PLEASE PRINT)

Last Name		First Name		Middle Initial	Social Security Number	
Address			City		State	Zip Code
Home Telephone Number	Cell Telephone Number	Work Telephone Number		Email Address (optional)		

### EMPLOYMENT INTERESTS

Type of employment desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Date available to start work:	How were you referred to us:		
Positions(s) applying for (check all that apply)				
<input type="checkbox"/> Stylist	<input type="checkbox"/> Shampoo Assistant	<input type="checkbox"/> Esthetician	<input type="checkbox"/> Nail Technician	<input type="checkbox"/> Receptionist

### AVAILABILITY

Please list the shift you are available to work. Check with your store's manager for in-times. Please circle the shifts which you are available to work.

Mon		Tues		Wed		Thurs		Fri		Sat		Sun	
am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm

### BACKGROUND

1. Are you able to arrive to work on time (as scheduled)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you have any objection to working overtime if needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you been previously employed by our organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Can you submit proof of legal employment authorization and identity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you been convicted of a crime in the last 7 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes to Question #5, please explain (a conviction will not automatically disqualify you from employment):

### EDUCATIONAL BACKGROUND

	Name of School and Location	Graduated		# of Years Completed	Degree/Major Courses/Certificate
High School		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
College		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Other		<input type="checkbox"/> Yes	<input type="checkbox"/> No		

## COSMETIC EDUCATION BACKGROUND

Do you currently hold any licenses certifications:  Yes  No If yes, (please check all that apply and list any others)

Cosmetology     
  Operator     
  Esthetician     
  Manager     
  Other

Other certifications:

Other Skills, Qualifications and Training:

## EMPLOYMENT HISTORY – Begin with your most recent job. List each job separately.

<b>From:</b>	<b>To:</b>	<b>Employer</b>	<b>City/State/Zip</b>
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<b>Telephone Number</b>	<b>Immediate Supervisor and Title</b>	<b>Position Held</b>	<b>Salary</b>
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**Duties Performed:**

**Reason for leaving:**

<b>From:</b>	<b>To:</b>	<b>Employer</b>	<b>City/State/Zip</b>
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<b>Telephone Number</b>	<b>Immediate Supervisor and Title</b>	<b>Position Held</b>	<b>Salary</b>
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**Duties Performed:**

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<b>From:</b>	<b>To:</b>	<b>Employer</b>	<b>City/State/Zip</b>
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**Duties Performed:**

**Reason for leaving:**

<b>From:</b>	<b>To:</b>	<b>Employer</b>	<b>City/State/Zip</b>
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<b>Telephone Number</b>	<b>Immediate Supervisor and Title</b>	<b>Position Held</b>	<b>Salary</b>
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**Duties Performed:**

**Reason for leaving:**

**REFERENCES:** *(do not include relatives or employers)*

	<b>Name</b>	<b>Telephone Number</b>	<b>Years Known</b>
1			
2			
3			

**SIGNATURE**

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer, or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable state or federal law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

**Signature:****Date:**