

The Hair Doctors

EMPLOYMENT APPLICATION – ASSISTANT

Date: _____ Name: _____

Address: _____

Phone No. Home: (____)____-____ Cell: (____)____-____

How long did you live at this address? _____

How long did you live at your previous address? _____

Who should we contact in case of emergency? _____

On what date will you be able to start work? _____

Extra-Curricular Activities (Please not practice times and any upcoming events that will prevent you from working a particular evening)

QUALIFICATIONS

Do you hold a cosmetologist license? _____

What State? _____

How long have you held a cosmetologist license? _____

What services, other than hair, can you do?

How did you qualify for your license, through school or an apprenticeship? Please name the school(s) or salon(s):

List your hours of availability including Saturdays & evenings. We are closed Sundays & Mondays:

How do you feel about educational training on Sundays, evenings, or on your days off?

PREVIOUS WORK EXPERIENCE

Previous employer: _____

Supervisor's name: _____ Phone: _____

What position did you hold? _____

Dates of employment (Month, Year) From: _____ to _____

Salary of earnings: **Starting:** \$_____ per week **Final:** \$_____ per week

What were your responsibilities at this position? _____

Use this space for any addition information that you feel will help us evaluate your qualification, or to amplify any statement made in this application:

Professional References Please supply at least three names.

PLEASE DO NOT LIST FRIENDS and make sure you list a phone number for follow-up.

Name _____ **Phone** _____

Relationship _____

How long have you known him/her? _____

Name _____ **Phone** _____

Relationship _____

How long have you known him/her? _____

Name _____ **Phone** _____

Relationship _____

How long have you known him/her? _____

I hereby certify that this application is a complete record and that all entries and all attachments are true and accurate to the best of my knowledge. I understand that all information on this application is subject to verification and I consent to former employers. I further understand that any false statements will be grounds for immediate termination.

(Date)

(Signature)