

# 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)