

The Hair Doctors

EMPLOYMENT APPLICATION – RECEPTIONIST

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

Have you worked as a receptionist before? _____

How long have you worked in this field? _____

If so- Describe your daily responsibilities: _____

What skills do you have to bring to the salon that you think are of value? _____

Do you have any IN-SALON experience? _____

Explain: _____

Do you foresee any activities that will prevent you from working Saturdays and evenings? If so, please identify: _____

List your hours of availability including Saturdays & evenings. We are closed Sunday & Monday: _____

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

What level of computer skills/programs are you familiar with? (Ex. Word, PowerPoint, Excel) Level of skill from 1-5 (5 being expert): _____

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? _____

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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)

