

# THE HAIR DOCTORS SALON

5475 William Flynn Highway, Gibsonia, PA 15044

724-443-3350

## **Assistant Applicant Information**

Please attach a resume.

Date of application: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Home: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_

Who should we contact in case of emergency? (Name & Phone Number)

\_\_\_\_\_

On what date will you be able to start work? \_\_\_\_\_

Do you have reliable transportation? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Education and Licensing**

| <b>Type of school</b> | <b>Name of school</b> | <b>Location</b> | <b>Number of years complete</b> | <b>Major or degree</b> |
|-----------------------|-----------------------|-----------------|---------------------------------|------------------------|
| <b>High school</b>    |                       |                 |                                 |                        |
|                       |                       |                 |                                 |                        |
| <b>Trade school</b>   |                       |                 |                                 |                        |
|                       |                       |                 |                                 |                        |
| <b>College</b>        |                       |                 |                                 |                        |
|                       |                       |                 |                                 |                        |
|                       |                       |                 |                                 |                        |

Do you have a current PA cosmetologist license? \_\_\_\_\_

How long have you held a cosmetologist license? \_\_\_\_\_

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

\_\_\_\_\_

### **Previous Work Experience**

Previous employer: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

What position did you hold? \_\_\_\_\_

Dates of employment (Month, Year) From: \_\_\_\_\_ to \_\_\_\_\_

What were your responsibilities at this position? \_\_\_\_\_

\_\_\_\_\_

Previous employer: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

What position did you hold? \_\_\_\_\_

Dates of employment (Month, Year) From: \_\_\_\_\_ to \_\_\_\_\_

What were your responsibilities at this position? \_\_\_\_\_

\_\_\_\_\_

Use this space for any addition information that you feel will help us evaluate your qualifications, 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 this person? \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

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)