

Kathy Adams Salon

Kathy Adams Salon thanks you for your interest. Please take your time in completing this application so that we obtain a clear understanding of your qualifications, background, and work history. Feel free to use the back of application for additional information that you feel will aid us in making our decision.

* The following must be read before completing this application:

The Civil Rights Act of 1964 prohibits discrimination because of race, color, sex, or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most states also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability. DO NOT answer any questions you feel will violate your rights.

Position Applying For: _____ Date: _____

Personal Information

Full Name _____ SS# _____

Present Address _____

Tel# _____ Emergency Tel# _____ Relationship _____

How long have you lived at your present address? _____ Date of Birth _____ Sex: Male ___ Female ___

Have you ever been convicted of a crime, excluding misdemeanors, in the past 10 yrs? If yes, describe in full. _____

Do you have any physical condition, which may prevent you from performing certain salon-related work? If yes, describe the condition and related work limitations. _____

Have you had a major illness in the past 5 yrs.? If yes, describe in full. _____

Have you received compensation for any injuries? If yes, describe in full. _____

Date you can start _____ Salary desired _____ Are you employed now? If so may we inquire of your present employer? _

How did you here about our salon? _____

Education

High School _____ Location _____ Did you graduate? _____

College _____ Location _____ Did you graduate? _____

Trade School _____ Location _____ Did you graduate? _____

Cosmetology School _____ Location _____ Hours Completed _____

Date Licensed _____ State first licensed in _____

Advanced courses you have taken relating to the salon industry? State subject, year and source.

1. _____
2. _____
3. _____

Employment History

Number of yrs. In salon industry? _____ List areas of special interest (ex. Cutting, color) _____

Do you have any management experience in the salon industry? _____ Are you interested in exploring management opportunities? _

Former and/or current employers (please list below 3 employers, starting with last one first):

Address	Dates(from-to)	Salary	Reason for leaving	Tel#

Which of these jobs did you like the best? And why? _____

Please read the following and sign below

The facts set forth in my application for employment at this salon are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. I give you authorization to make any inquiries of my personal history in establishing my credibility for employment at this salon. This includes any personal interviews with past employers and references as to my personal character and general reputation. I understand that I have the right to make a written request within a reasonable period of time to receive additional information regarding such inquiries.

Signature of Applicant _____ Date _____

Please do not write below this line

Interviewed by _____ Date _____ Remarks _____
 Employer contacted _____ Comments _____
 Schools contacted _____ Comments _____
 Hired? _____ Date _____ Position _____ Wage _____