

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: \_\_\_\_\_

Desired schedule:  
Day/Time Sunday Monday Tuesday Wednesday Thursday Friday Saturday  
Morning  
Evening

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 hear 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):

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

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

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 inquires.

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 \_\_\_\_\_