

# Salone Di Capelli Application for Employment

Equal Opportunity Employer

Date: \_\_\_\_\_ Have you ever applied for employment at Salone Di Capelli before? ☐ YES ☐ NO

## PERSONAL INFORMATION

Full Name:		Social Security Number:	
Current Address:	City	State	Zip code
Permanent Address (If different)	City	State	Zip code
Phone Number:	Referred By:		

## EMPLOYMENT DESIRED

Circle the Position you are interested in: (you may circle more than one)							
<b>Front-Desk/ Salon Coordinator</b>	<b>Associate Apprentice</b>	<b>Associate Currently with GA Cosmetology Licence</b>		<b>Stylist</b> (You must already have a local established clientele to bypass the Associate Program)			
Date you can start:	Availability: (List times that the salon is open during which you are available each day)	Mon	Tue	Wed	Thur	Fri	Sat
Do you have a GA Cosmetology Licence? <input type="checkbox"/> YES <input type="checkbox"/> NO				Are you currently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If currently employed, may we contact your current employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Any additional information about your desired employment:					

## EDUCATION HISTORY

	Name and Location of School	Years Attended	Did you Graduate?	Subjects Studied
HIGH SCHOOL				
COLLEGE				
TRADE/COSMETOLOGY SCHOOL OR OTHER ADVANCED EDUCATION				

## GENERAL INFORMATION

Subjects of Special Study or Training:
Special Skills

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## FORMER EMPLOYERS (starting with current or most recent)

Month/Year	Name of Business/Employer, Address, & Phone	Salary	Position	Reason for Leaving
From: To:				
From: To:				
From: To:				
From: To:				

## REFERENCES (List three people not related to you, whom you have known at least one year in a professional capacity)

Name & Relationship	Address & Phone	Business Type	Years Known

Have you included a resume with this application? ☐ YES ☐ NO Please be sure to still fill out entire application when including a resume.

## AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

## NOTES:
