

Application for Employment

Name: _____

Name you would like to be called: _____

Address: _____

Street

Apt. #

City

State

Zip

Home No. (____) _____

Cell No. (____) _____

E-mail _____

What position are you applying for? _____

Why are you applying with Progressions? _____

Why do you feel you would be an asset to the salon? _____

Have you worked for a salon in the past? _____ If Yes, please list the

location, dates, and length of employment: _____

Have you ever been convicted of a felony (conviction will not necessarily disqualify applicants from employment)? _____ If Yes, please provide brief explanation _____

What are some of your long-term goals? _____

What are some of the things you would like to achieve during the next year?

What has prevented you from being able to achieve these goals before?

If you were to qualify for this opportunity, would any of the following pose a conflict and how would you feel about it?

* Scheduled hours are from 8 am to 8 pm: _____

* Working weekends: _____

* No personal telephone calls: _____

* No tardiness: _____

* Training classes/meetings other than working hours: _____

* Providing your own models for classes (if applying for an apprenticeship position): _____

* Opening/closing the salon (if applying for a salon coordinator position):

* Consenting to a background check: _____

Please provide your social security number for this purpose: _____

*Are you looking for a job or a career? _____

Education History

	Name and Location of School	Years Attended	Did You Graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business, or Correspondence School				

Have you had advanced experience or training in cosmetology (if applying for a technical position) or in sales and/or customer service (if applying for a salon coordinator position)? _____

If Yes, please describe _____

Have you held a leadership position in school, athletic club, etc.? _____

If Yes, please describe briefly:

Former Employers

Date: month and year	Name and address of Employers	Salary	Position	Reason for leaving
From: To:		Start: End:		
From: To:		Start: End:		
From: To:		Start: End:		
From: To:		Start: End:		

References

Name	Phone No.	Business	Years known

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, to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.”

Signature: _____ Date: _____