



DAVID SALON

Employment Application

Personal Information

Full Name: _____ Date of Birth: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____
Emergency Contact: _____
Emergency Phone: _____ Relationship: _____
What position are you applying for? _____

Education

High School: _____ City: _____ State: _____
Year Graduated: _____

Cosmetology School: _____ Hours to Date: _____
Month / Year Graduated: _____ License Number: _____ State: _____

College: _____ Major: _____ Degree: _____
Year Graduated: _____

Additional Training:

Why have you chosen to apply at David Salon?

Why do you feel you would be an asset to the David Salon team?

Have you held any leadership positions?

What are some of the goals that you hope to achieve within the next year?

What are some of your long term goals?

Is there anything preventing you from achieving these goals?

If you are able to qualify for this opportunity, would any of the following be a problem and why?
Please explain.

- ❖ Scheduled hours? Yes / No _____
- ❖ Working weekends? Yes / No _____
- ❖ Working evenings? Yes / No _____
- ❖ Showing up to work on time? Yes / No _____
- ❖ Transportation? Yes / No How will you get to David Salon? _____
- ❖ Attending training classes outside of working hours? Yes / No _____
- ❖ Providing model's for classes? Yes / No _____
- ❖ Standing on your feet? Yes / No _____

Are you applying for a job or a career?

What do you consider your strongest points?

What do you consider your weakest points?

Employment History (starting with the last one first)

Business Name: _____
Address: _____
Dates employed _____ to _____ Supervisor's Name: _____
Job Title: _____ Final rate of pay: _____
Responsibilities: _____

Reason for leaving: _____

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Address: _____
Dates employed _____ to _____ Supervisor's Name: _____
Job Title: _____ Final rate of pay: _____
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Reason for leaving: _____

Business Name: _____
Address: _____
Dates employed _____ to _____ Supervisor's Name: _____
Job Title: _____ Final rate of pay: _____
Responsibilities: _____

Reason for leaving: _____

Are you employed now? Yes / No May we contact your employer? Yes / No

References

	Name	Phone	Years known
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application could be grounds for dismissal. I authorize investigation of all statements and agree references listed above may give any information regarding my fitness for employment. I release all parties from all liability for any damage that may result from furnishing this information.

Signature _____ Date _____