

APPLICATION FOR EMPLOYMENT



Personal Information

NAME		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS		CITY	STATE ZIP CODE
MAIN PHONE		ALTERNATE PHONE	
EMAIL ADDRESS		REFERRED BY	

Employment Desired

POSITION		DATE YOU CAN START		SALARY DESIRED	
ARE YOU CURRENTLY EMPLOYED? ☐ YES ☐ NO		IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? ☐ YES ☐ NO		PRESENT SALARY	
ARE YOU LOOKING FOR FULL-TIME OR PART-TIME? ☐ FULL TIME ☐ PART TIME		HAVE YOU APPLIED TO LARIJAMES BEFORE? ☐ YES ☐ NO		IF SO, WHEN?	

Education History

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

LIST ANY SPECIAL TRAINING OR ADDITIONAL CLASSES YOU MAY HAVE TAKEN

Former Employers (LIST YOUR LAST FOUR EMPLOYERS, STARTING WITH THE MOST RECENT AT THE TOP)

DATE: MONTH & YEAR	EMPLOYER NAME & PHONE NUMBER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

References (PROVIDE THE NAMES OF THREE PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	PHONE NUMBER	TITLE & COMPANY	YEARS KNOWN

Questions (PLEASE ANSWER THESE QUESTIONS THE BEST YOU CAN)

WHAT ARE YOUR STRENGTHS?
WHERE DO YOU SEE NEED FOR DEVELOPMENT?
WHAT DO YOU EXPECT FROM AN EMPLOYER?
WHAT DO YOU EXPECT FROM THE SALON?
AS YOUR EMPLOYER, WHAT IS THE MOST IMPORTANT THING TO KNOW ABOUT YOU?
HOW DO YOU FEEL ABOUT RECOMMENDING PRODUCT TO YOUR CLIENTS?
WHAT IS YOUR VIEW ON CONTINUING EDUCATION?
WHAT WOULD BE YOUR STYLE OF SELLING SERVICES AND PRODUCTS TO CLIENTS?
DO YOU HAVE ANY SPECIAL TALENTS OR HOBBIES?

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 to 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 _____