



PERSONAL INFORMATION:

Name: _____

Date: _____

Address: _____

City: _____

Zip Code: _____

State: _____

Email: _____

DOB: ___/___/___

Phone: (H) _____ (W) _____ (C) _____

Social Security _____ - _____ - _____ DL Number: _____ State Issued: _____

Are you legally eligible to work in the United States? YES NO

Are you over 18 years of age? YES NO

Have you ever been convicted of a state or federal felony? YES NO

If yes, please explain _____

Have you previously applied with Air Salon & Blow Dry Bar? YES NO

If so, when and where? _____

How did you hear about us?

Guest _____

Current Employee _____

Other _____



POSITION APPLYING FOR:

- Salon Receptionist Stylist
 Assistant Make-Up Artist Other

EMPLOYMENT DESIRED:

- Full Time
 Part Time
 Full or Part Time

Days and Hours Available to Work:

- Monday Thursday
 Tuesday Friday
 Wednesday Saturday
 No Preference

COSMETOLOGY/ESTHIOLOGY INFORMATION:

School Attended: _____ City/State: _____

Date Started: _____ Graduation Date: _____

Are you licensed? YES NO License Number: _____ State: _____

If no, when is your Graduation Date? _____

EDUCATIONAL BACKGROUND:

Name & Location	Years Attended	Subjects Studied	Graduated?
High School			
College			
Trade School			



EMPLOYMENT EXPERIENCE:

Employer: _____ Phone #: _____

Title: _____ Supervisor: _____

Reason for Leaving: _____

Employed From/To: _____ Salary: _____

Duties Performed: _____

Employer: _____ Phone #: _____

Title: _____ Supervisor: _____

Reason for Leaving: _____

Employed From/To: _____ Salary: _____

Duties Performed: _____

Employer: _____ Phone #: _____

Title: _____ Supervisor: _____

Reason for Leaving: _____

Employed From/To: _____ Salary: _____

Duties Performed: _____

Are you currently employed? () YES () NO

May we contact your Previous or Current Employer? () YES () NO

REFERENCES:

(Include two professional references)

Name: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip: _____ Years Known: _____

Relationship/Occupation: _____

Name: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip: _____ Years Known: _____

Relationship/Occupation: _____

Name: _____



Air Salon & Blow Dry Bar

Address: _____ Phone: _____
City: _____
State: _____ Zip: _____ Years Known: _____
Relationship/Occupation: _____

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause of denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Air Salon, is at will, for no specified duration and may be terminated by either Air Salon or myself at any time, with or without cause or notice. I understand that none of the documents, policies, actions, statements of Air Salon or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the owner of Air Salon.

I hereby authorize Air Salon to contact any and all former employers, personal references and private or public agencies named in this application to obtain any job related information they may have regarding employment and/or character. I hereby release all parties and persons connected with such requests for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information.

I understand that this application is considered current for six months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

SIGNATURE

DATE

the wow experience

