

ALFREDO'S SALON OF HAIR DESIGN

EMPLOYMENT APPLICATION

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or in the presence of a non-related medical condition or handicap.

Name _____ Date _____

Address _____ Phone # _____

City _____ State _____ Zip _____

Have you applied here before? Yes No When? _____ Position applied for? _____

Start When _____ Full time Part time Temporary Other _____

EMPLOYMENT EXPERIENCE; Start with your present job or last job. Include military assignments and other volunteer activities. Exclude organizational names which indicate race, color, religion, sex, or national origin

Employer 1 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Job Title _____ Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

Employer 2 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Job Title _____ Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

Employer 3 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Job Title _____ Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

EDUCATION

Schools/Collages Attended:

Years Year Grad. Degree

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe any special qualifications for this job:

Drivers License # _____ State _____ Expiration _____

Are you a veteran of the U.S. Military service? Yes No

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview may result in termination.

Signature _____ Date _____

For Personnel Department only

Remarks _____

_____ Interview report by _____

Accurate Credit Bureau fax 626 398-0642
I wish to order <input type="checkbox"/> Credit Report <input type="checkbox"/> DMV Records <input type="checkbox"/> Reference Verification <input type="checkbox"/> Criminal Records

What is your personal health? Excellent _____ Good _____ Poor _____

Do you have any allergies? No _____ Yes _____

If yes, please explain _____

Years of Experience _____ Areas of Specialization _____

Do you have a license in the state? _____ Type _____

Cosmetology School Attended _____ Year _____

Have you attended any advance school? _____ If yes, please list:

Name _____ City _____ State _____ Date _____

Name _____ City _____ State _____ Date _____

Name _____ City _____ State _____ Date _____

How do you rate yourself as a technician, assistant or receptionist?

Excellent _____ Very Good _____ Average _____ Fair _____ Poor _____

How do you feel about selling/retailing? Like it _____ Don't like it _____

Do you have adequate means of transportation? _____

I am a licensed and qualified technician and I am competent to work in the areas checked:

- | | |
|-------------------------|-----------------------------------|
| _____ Hair cutting | _____ Air / Blow Drying |
| _____ Permanent waving | _____ Curling Iron / Straightener |
| _____ Hair coloring | _____ Crimping |
| _____ Cap frosting | _____ Wet setting |
| _____ Foil frosting | _____ Manicuring |
| _____ Black Hairstyling | _____ Pedicuring |
| _____ Men's Hairpieces | _____ Facials |
| _____ Finger waving | _____ Make-up Application |
| _____ Braids | _____ Waxing Facial |
| _____ Formal Styles | _____ Waxing Full Body |

Special Skills such as: Typing, drawing, ad writing, marketing ideas, etc.:

What are your professional goals and how would you be an asset to Alfredo's Salon?

