

# Main Street Hair Co.

## Employee Application

Thank you for your interest in Main Street Hair Co. Please take your time in completing this application and be sure to include any additional information that you believe will be beneficial in considering your request for employment.

**Full Name** \_\_\_\_\_ **Today's Date** 10/27/2016

**Date of Birth** \_\_\_\_\_ **Email** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Emergency Contact** (Include name, relationship, phone number)

Cosmetology License # \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Beauty School Attended \_\_\_\_\_ Year Graduated \_\_\_\_\_

Employment Status Requesting: Full Time  Part Time  Date Available to Start \_\_\_\_\_

Total Hours Available \_\_\_\_\_ Days Available \_\_\_\_\_ Nights Available \_\_\_\_\_

### Haircutting

skilled in      advanced training

Scissor Cutting    
Clipper Cutting    
Razor Cutting

### Coloring

Single Process    
Double Process    
Foiling Techniques    
Corrective Color    
Balayage    
Ombre'    
Color Camo

### Texture

Body Waves    
Keratin Straightening    
Japanese Straightening    
\_\_\_\_\_

### Styling

skilled in      advanced training

Blow-drying    
Curl Iron    
Flat iron    
Formal/Up-dos    
Electric Rollers    
Roller Sets    
Extension

### Other

Facial waxing    
Eyebrow waxing    
Eyelash application    
Makeup application    
Beard trims

### Additional Skills

\_\_\_\_\_    
\_\_\_\_\_

If presently employed why do you wish to change positions?

Have you ever been discharged or forced to resign?

If so, reason:

What did you like most and least about your last job? Most:

Least:

**The questions below have been numbered. If you wish to elaborate on additional paper, you can indicate the question number on a supplemental sheet.**

1. Please list all advanced training courses, educational seminars, and conferences you've attended:
2. Please list all pertinent professional organizations to which you belong:
3. Please list any leadership positions you have held; such as employment, schools, clubs, etc:
4. Please list all current hobbies or areas of interest outside your profession:
5. What are some of your career goals?
6. Do you have any following you would be bringing with you?
7. How do you intend to build your clientele?
8. How do you feel about retail selling?
9. List your three strongest assets?
10. What motivates you?
11. Describe the perfect work situation.
12. Describe the perfect boss.
13. What do you expect to get out of working here?
14. What can we expect to get from you?
15. List 3 productive things to do in your down time at the salon?

**If you were able to qualify for this opportunity would any of the following be a problem and why?**

- Working weekends? Yes  No  If yes, why?
- Working evenings? Yes  No  If yes, why?
- Showing up for work on time? Yes  No  If yes, why?
- Taking early or late appointments? Yes  No  If yes, why?
- Attending all recommended educational events? Yes  No  If yes, why?
- Providing your own model for classes? Yes  No  If yes, why?
- Providing reliable transportation to and from work? Yes  No  If yes, why?
- Standing on your feet? Yes  No  If yes, why?

Of the services we offer, which do you not feel qualified to perform?

What do you consider to be your strongest areas or points?

What do you consider to be your weakest areas or points?

**Employment History: (Start with most recent employer.)**

<b>Company name</b>											
Address						Telephone					
Date Started			Starting Wage/Commission			Starting Position					
Date Ended			Ending Wage/Commission			Ending Position					
Name of Supervisor						May we contact?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Responsibilities											
Reason for leaving											
<b>Company name</b>											
Address						Telephone					
Date Started			Starting Wage/Commission			Starting Position					
Date Ended			Ending Wage/Commission			Ending Position					
Name of Supervisor						May we contact?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Responsibilities											
Reason for leaving											
<b>Company name</b>											
Address						Telephone					
Date Started			Starting Wage/Commission			Starting Position					
Date Ended			Ending Wage/Commission			Ending Position					
Name of Supervisor						May we contact?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Responsibilities											
Reason for leaving											
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Date Ended			Ending Wage/Commission			Ending Position					
Name of Supervisor						May we contact?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Responsibilities											
Reason for leaving											
Additional notes:											