

Salon Employment Application

Name: _____ Are you 21 or older? Y____ N____

Address: _____

City: _____ Zip: _____

Phone #: _____

Position Desired: _____ Hourly Wage Desired: _____

Are you currently licensed in Florida for Cosmetology? _____

License Number: _____ Exp. Date: _____

Cosmetology School Attended: _____

When would you be available to start? _____

What are your available days and hours to work?

Mon _____ Tues _____ Wed _____ TH _____ Fri _____

_____ Sat _____ Sun _____

Please provide the details of some color or product lines you are familiar with:

List all services you can perform with no challenges:

What services challenge you?

Why do you think you would be a valuable asset to Forever Beautiful Salon and Wine Spa?

What made you decide to apply to be part of the Forever Beautiful team?

Do you currently have any clientele? _____

How many do you anticipate to bring to the salon: _____

Do you have a problem with purchasing or wearing uniforms to work? _____

Do you have a problem with signing a noncompeting contract? _____

Do you have a reliable method of transportation to arrive to work? _____

Do you mind attending continuing education after hours? _____

Have you ever been arrested? _____

If yes, please explain and list the

charges: _____

Are you currently on probation? _____

Employment History (Please give the details of your past places of employment)

1. Employer's name:

Employer's phone number: _____

Contact Person: _____

Duties:

Employed from _____ until _____

Reason for leaving:

Salary: _____

2. Employer's name:

Employer's phone number: _____

Contact Person: _____

Duties:

Employed from _____ until _____

Reason for leaving:

Salary: _____

3. Employer's name:

Employer's phone number: _____

Contact Person: _____

Duties:

Employed from _____ until _____

Reason for leaving:

Salary: _____

References (Please list 2 non relatives)

Name: _____ Relation:

Phone # _____

Name: _____ Relation:

Phone # _____

Please list any other comments that you feel may better your application:

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 of 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 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 _____

Forever Beautiful Salon and Wine Spa
5135 N. Florida Avenue
Tampa, Fl. 33603
813-231-3378
foreverbeautiful@verizon.net

Equal Opportunity Employer

This company prohibits discrimination because of race, color, religion, national origin, handicap, marital status, sex or age.