

# Application For Employment



NAME: \_\_\_\_\_  
POSITION: \_\_\_\_\_  
DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
Last Name		First Name	
		Middle Name	
Address	Number	Street	City
		State	Zip Code
Telephone Number(s)		Social Security Number	

Why have you chosen Reflections to apply for employment?

Have you ever filed an application with us before?  Yes  No

If Yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

On what date would you be available for work? \_\_\_\_\_

What days do you prefer to have off? \_\_\_\_\_

List times during the day you wish **NOT** to work. (mornings, afternoons, evenings)

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Can you travel if a job requires it?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No

*Conviction will not necessarily disqualify an applicant from employment.*

If Yes, please explain \_\_\_\_\_

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Beauty School				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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List any hair shows or styling classes and dates attended.

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State any additional information you feel may be helpful to us in considering your application.

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Start with your present or last job.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor	Commission? _____ %		
	Reason for Leaving				
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor	Commission? _____ %		
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

**IF YOU ARE APPLYING FOR A STYLIST/NAIL TECHNICAN POSITION, PLEASE COMPLETE THIS PORTION OF THE APPLICATION.**

Are you a licensed to practice cosmetology in the State of Ohio? \_\_\_\_\_

If yes, give license # \_\_\_\_\_

Is there any service of cosmetology you prefer not to do? Why? \_\_\_\_\_

Why did you chose cosmetology as your profession? \_\_\_\_\_

Are there any phases in hair design you have problems with and would need special attention? ( perms,cuts, color. . . ) \_\_\_\_\_

What are your goals as a hair stylist? \_\_\_\_\_

What other goals do you have beyond cosmetology? \_\_\_\_\_

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## References

1.	_____ ( ) _____
	(Name) Phone #
	_____
	(Address)
2.	_____ ( ) _____
	(Name) Phone #
	_____
	(Address)
3.	_____ ( ) _____
	(Name) Phone #
	_____
	(Address)

## Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.  
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.  
In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant Date

<b>FOR PERSONNEL DEPARTMENT USE ONLY</b>			
Arrange Interview	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Remarks	_____		
		INTERVIEWER	DATE
Employed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Employment _____
Job Title	_____	Hourly Rate/ Salary _____	Department _____
By	_____		_____
	NAME AND TITLE		DATE

**NOTES** \_\_\_\_\_

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