

Hair Stylist – Employment Application

Personal Information:

First Name: _____ Middle Initial: _____ Last Name: _____
 Address: _____
 Email: _____
 Cell Phone: _____ Home Phone: _____
 Best Time to Call _____

Professional Skills:

- | | | |
|---|---|--|
| <input type="checkbox"/> Shampoo | <input type="checkbox"/> Single Color | <input type="checkbox"/> Spiral Wave |
| <input type="checkbox"/> Cut | <input type="checkbox"/> Cap Highlights | <input type="checkbox"/> Finger Waves |
| <input type="checkbox"/> Style | <input type="checkbox"/> Foil Highlights | <input type="checkbox"/> Straightener |
| <input type="checkbox"/> Set | <input type="checkbox"/> Free Hand Highlights | <input type="checkbox"/> Brazilian Blowout |
| <input type="checkbox"/> Up Style / Up Do | <input type="checkbox"/> Permanent Wave | |

Education & Skills:

	Name of School	Graduated?	Degree / Diploma
<input type="checkbox"/> High School	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<input type="checkbox"/> College / University	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<input type="checkbox"/> Vocational / Business	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

	Name of School	Issue / Expiration Date	Title of License / Certification
<input type="checkbox"/> License	_____	_____	_____
<input type="checkbox"/> Certification	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____

Referral Source:

How did you hear of this position?

- | | |
|--|---|
| <input type="checkbox"/> Walked / Drove by Salon | <input type="checkbox"/> From a Friend: _____ |
| <input type="checkbox"/> Facebook / Twitter | <input type="checkbox"/> Career Website: _____ |
| <input type="checkbox"/> Employee _____ | <input type="checkbox"/> Paper Publication: _____ |

Waves & Ripples, LLC

Employment History:

Current / Previous Employer: _____

Supervisor: _____ Telephone #: _____

Address: _____

Dates Employed: _____ to _____ Position Held: _____

Starting Pay Structure: Hourly / Salary \$ _____ Commission: _____

Final Pay Structure: Hourly / Salary \$ _____ Commission: _____

Why Did You Leave? _____

Previous Employer: _____

Supervisor: _____ Telephone #: _____

Address: _____

Dates Employed: _____ to _____ Position Held: _____

Starting Pay Structure: Hourly / Salary \$ _____ Commission: _____

Final Pay Structure: Hourly / Salary \$ _____ Commission: _____

Why Did You Leave? _____

Previous Employer: _____

Supervisor: _____ Telephone #: _____

Address: _____

Dates Employed: _____ to _____ Position Held: _____

Starting Pay Structure: Hourly / Salary \$ _____ Commission: _____

Final Pay Structure: Hourly / Salary \$ _____ Commission: _____

Why Did You Leave? _____

Have you ever been dismissed or forced to resign from any employment?* _____

Explain _____

Except for authorized leaves of absence, vacations and holidays, how many days were you absent during the past twelve months?*

- 0-6 days 7-12 days 13-18 days 19+days

* Responding accurately to any of these questions will not result in an immediate disqualification from consideration for employment with Waves & Ripples, LLC. We will assess the information provided and relate it to the position for which you are being considered and take into account all legal obligations and requirements.

Waves & Ripples, LLC

Potential Job with Waves & Ripples, LLC

Position Wanted: _____ Date Able to Start: _____

Preferred Schedule: Part Time / Full Time Number of Hours per Week: _____

Desired Pay Structure*: _____

Days / Times Able to Work*:

Day	8	9	10	11	12	1	2	3	4	5	6	7	8
Monday			___	___	___	___	___	___					
Tuesday		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___	___
Wednesday		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___	___
Thursday		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___
Friday		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___	
Saturday		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

* This is not a guarantee of employment, pay structure, or times to work if hired on.

When answering these questions, do not include minor traffic infractions or convictions for which the record has been sealed or expunged; or misdemeanors that have been judicially dismissed in which probation has been successfully completed*

Have you ever plead "guilty" or "no contest" to, or been convicted of, a misdemeanor or felony? Yes No

Are you currently awaiting trial for any criminal offense? Yes No

Have you ever initiated an act of violence in the workplace? Yes No

If yes to any of these questions, please explain: _____

* Responding accurately to any of these questions will not result in an immediate disqualification from consideration for employment with Waves & Ripples, LLC. We will assess the information provided and relate it to the position for which you are being considered and take into account all legal obligations and requirements.

Waves & Ripples, LLC

Professional References:

Name: _____ Title: _____

Company: _____ Telephone #: _____

Years Associated: _____

Name: _____ Title: _____

Company: _____ Telephone #: _____

Years Associated: _____

Personal References (Non-Family Members):

Name: _____ Telephone #: _____

How do they know you?: _____ Years Associated: _____

Name: _____ Telephone #: _____

How do they know you?: _____ Years Associated: _____

Read and initial each paragraph, then sign below:

_____ I certify that all facts listed on this employment application are true and complete to the best of my knowledge. I understand that misrepresentation or omission of materials facts may result in termination of employment.

_____ I understand that this is merely an application and not a guarantee of employment, nor a guarantee of salary, wage or commissions should I be employed.

_____ I authorize personal of Waves & Ripples, LLC to conducts a search of public records (including, but not limited to: records of arrest, conviction, indictment, civil action, tax liens, and outstanding judgments). I am entitled to copies of any such records upon written request. Please list any and all names and/or aliases used: _____

Signature Full Legal Name Date