

Application for Salon Employment

Name				
Address	City	State	Zip	
Phone	Email		DOB//	
Full or Part Time		Desired Salary		
Position applied for	Cosn	netology License#		
Location Preference (plea	ase circle) Snider Plaza/ West	Village/ Shops at Legacy		
Have you previously applic	ed with Avalon Salons? If so, v	when and where?		
Have you been convicted of	f a state or federal felony? If yo	es, please explain		
Are you licensed in any oth	ner states and/or countries? If so	o, which ones?		
Referred by:				
	relatives employed by us?			
Are you presently employe	d?	May we contact you	ır employer?	
Date you can begin				

EMPLOYEEMENT HISTORY:

Employer (starting with present or most recent)		Phone #
Title	Supervisor	
Reason for Leaving		
Employed From/To		
Duties Performed		
Employer (starting with present or most recent)		Phone #
Title	Supervisor	
Reason for Leaving		
Employed From/To	Compensation/Salary	
Duties Performed		
Employer (starting with present or most recent)		Phone #
Title		
Reason for Leaving		
Employed From/To		
Duties Performed		
EDUCATION:		
Name & City of Cosmetology School		
Date Started		
Name & City of University		
Major		
Please list all advanced courses, training, educational se	minars, and conferences you hav	e attended:
Please list all professional memberships that will be ben	eficial to your work in this positi	ion:

REFERENCES:

List three references (include two professional references)

Name	Phone #	
	State	
Title and/or relationship		
Name	Phone #	
Address		
City	State	Zip
Title and/or relationship		
Name	Phone #	
	State	
Title and/or relationship		
Avalon Salons may terminate to given are true and correct to the oral or written concerning persemployment decision. I undersa reference in this process. I he schools, or persons from any and employment, I understand that I also understand that the prior	he employment relationship at will at any time, with the best of my knowledge. I authorize Avalon Salons to conal employment, financial and/or other related matter stand that Avalon Salons may contact individuals or except release all employers, companies, corporations and all liability in responding to inquiries in connection false or misleading information given in this application written consent of Avalon Salons is required for part of an employment agreement with Avalon Salons.	or without cause. I certify that the answers to verify any representations made by me either ters as may be necessary in arriving at an organizations other than these I have provided as a, credit bureaus, law enforcement agencies, on with this application. In the event of ation (or any interviews) may result in discharge.
Signature	Date	

Hair Stylist Interview Questionnaire

