



**Former Employers**

(List your last three employers, starting with the most current one first.)

Name \_\_\_\_\_ Employer #1  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
Dates of Employment- From \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_  
Position \_\_\_\_\_ Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Name \_\_\_\_\_ Employer #2  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
Dates of Employment- From \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_  
Position \_\_\_\_\_ Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Name \_\_\_\_\_ Employer #3  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
Dates of Employment- From \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_  
Position \_\_\_\_\_ Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**References** (List below the names of three people who are not related to you, whom you have known for at least one year.)

| Name | Phone Number | Business | Years Known |
|------|--------------|----------|-------------|
|      |              |          |             |
|      |              |          |             |
|      |              |          |             |

**General Questions Regarding Experience**

What kind of background do you have in the salon industry?

What kind of background do you have in customer service/guest Handling?

Do you have reliable way of getting to and from your job?

What does the phrase “exceeding guest’s expectations” mean to you? What type of actions would this entail?

What did you like best about your past employer?

What did you like least about your past employer?

**For Stylist/Nail/ Associate applicants only**

What special certifications do you have as a stylist/Nail tech?

What continuing education classes have you attended within the past two years?

If in school, when is your graduation date?

If you have already graduated, do you have your state board issued cosmetology license? If not, do you have a test date?

Are you familiar with Envision Salon Computer Software?

**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 may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also 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 of 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 \_\_\_\_\_

**DO NOT WRITE BELOW**

Interview Date: \_\_\_\_\_

Interview Time : \_\_\_\_\_

To Be Interviewed by : \_\_\_\_\_