

Today's date _____



TILLMAN SALON

Application for Salon Employment

Name _____ Social Security # _____ - _____ - _____

Address _____ Phone # _____ DOB ____/____/____

Web Address _____ E-mail Address _____

City _____ State _____ Zip _____

Full or Part Time _____ Day or Evening _____

Position Applied for _____ Cosmetology License # _____

Are you licensed in any other states and/or countries? If so, which ones? _____

Do you have a disability or physical condition that would limit your job performance in this position? If so, describe. _____

Referred by _____

Do you have any friends or relatives employed by us? _____

Are you presently employed? _____ May we contact your employer? _____

Date you can begin _____

Employment Experience

Please list your last three employers, beginning with current employer.

Employer _____ Phone # _____

Title _____ Owner/Manager _____

Reason for Leaving _____

Employed From/to _____ Compensation/Salary _____

Duties Performed _____

Employer _____ Phone # _____

Title _____ Owner/Manager _____

Reason for Leaving _____

Employed From/to _____ Compensation/Salary _____

Duties Performed _____

Employer _____ Phone # _____

Title _____ Owner/Manager _____

Reason for Leaving _____

Employed From/To _____ Compensation/Salary _____

Duties Performed _____

Please indicate the compensation you desire:

During Training \$ _____ per hour

After Six Months \$ _____ per hour

Name & City of High School _____ # yrs. Completed _____

Name & City of Cosmetology School _____

Date Started _____ Date Graduated _____

Name & City of College _____ # yrs. Attended _____

Major _____ Degree Earned _____

Please list all advanced training courses, educational seminars, and conferences you have attended:

Please list all professional memberships which will be beneficial to your work in this position:

Please list your current hobbies and areas of interest outside your profession:

Have you ever been convicted of a felony? Yes _____ No _____

List three references (include two professional references):

Name _____ Phone # _____

Address _____

City _____ State _____ Zip _____

Title and/or relationship _____

Name _____ Phone # _____

Address _____

City _____ State _____ Zip _____

Title and/or relationship _____

Name _____ Phone # _____

Address _____

City _____ State _____ Zip _____

Title and/or relationship _____

I certify that the answers given are true and correct to the best of my knowledge. I authorize Tillman Salon to verify any representations made by me either oral or written concerning personal employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I understand that Tillman Salon may contact individuals or organizations other than these I have provided as a reference in this process. I hereby release all employers, companies, corporations, credit bureaus, law enforcement agencies, schools, or persons from any and all liability in responding to inquiries in connection with this application. In the event of employment, I understand that false or misleading information given in this application (or in any interviews) may result in my discharge. I also understand that the prior written consent of Tillman Salon is required for participation inside ventures or additional employment should I enter into an employment agreement with Tillman Salon.

Signature: _____ Date: _____