



Employment Application

Last : _____ First: _____ M.I. _____ Today's Date: _____

Address: _____

Apt # _____

City/town: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____ D.O.B: _____

Position You Are Applying For: _____

Desired Salary/Rate: _____

Part Time or Full Time? _____

Availability: (Please note we are closed Sundays)

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Previous Work Experience: (Please start with most recent)

1. Company: _____ Position: _____

Address: _____

Phone Number: _____ Manager's Name: _____

Why did you leave? _____ Duration of time there? _____

Salary/Wage? _____ OK to Contact?: _____

2. Company: _____ Position: _____

Address: _____

Phone Number: _____ Manager's Name: _____

Why did you leave? _____ Duration of time there? _____

Salary/Wage? _____ OK to Contact?: _____

3. Company: _____ Position: _____

Address: _____

Phone Number: _____ Manager's Name: _____

Why did you leave? _____ Duration of time there? _____

Salary/Wage? _____ OK to Contact?: _____

Please List 3 References that we may contact that are NOT related to you.

1. Name: _____ Phone Number: _____

Relationship: _____

2. Name: _____ Phone Number: _____

Relationship: _____

3. Name: _____ Phone Number: _____

Relationship: _____

Your quality of life is very important to us, what are some things that we may need to know about you in order to insure that we are a good fit for you?

Teamwork and communication are very important to us, how do you feel about your abilities in these areas?

Selling retail is a big part of creating trust and guest loyalty, and it can also provide additional income for you as well. Please tell me about your sales experience and your ability to educate your guests. Which product line(s) have you used?

What color line/s and permanent texturizing products have you worked with?

Please check off any of the below skills that you feel comfortable performing:

Cutting:

- ☐ Sheers
- ☐ Chunking/Thinning Sheers
- ☐ Clippers
- ☐ Razor

Color:

- ☐ Permanent
- ☐ Semi/Demi Permanent
- ☐ Foil Highlights

- ☐ Cap Highlights
- ☐ Vivids

Chemical Texturizing:

- ☐ Perm
- ☐ Thio Straightening

Finishing:

- ☐ Blow Drying
- ☐ Rollers
- ☐ Roller set comb out
- ☐ Curling Iron

- ☐ Flat Iron
- ☐ Braids
- ☐ Corn-rows
- ☐ Extensions
- ☐ Up-Do
- ☐ Relaxing

Waxing:

- ☐ Eye brows
- ☐ Lip
- ☐ Chin

Please list any skills that you DO NOT feel comfortable performing/or feel you need additional training with:

I hereby acknowledge that the above information is true and accurate and give permission for Roseann's Hair Studio to contact any of my references or past employers unless otherwise noted.

Signature _____ **Today's Date** _____

Parent/Guardian Signature (if under 18) _____