

Hair Saloon® For Men

Application for Employment An Equal Opportunity Employer



Hair Saloon® For Men thanks you for your interest in applying for a position with us. We consider all applicants without regard to race, color, religion, sex, sexual orientation, national origin, ancestry, age, mental or physical disability, citizenship status or membership in any other protected class.

PERSONAL

Last Name	First	Middle	Date
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Street Address	Home Phone
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City, State, Zip	Business Phone
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Have you ever applied for employment with Hair Saloon® For Men? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, month & year _____	Social Security No.
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Have you ever been employed by Hair Saloon® For Men? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, indicate month & year From: _____ To: _____ Location: _____ Position: _____ Reason for leaving: _____	Pay Expected
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Please Indicate Position(s)/Type of Work Desired <input type="checkbox"/> Manager <input type="checkbox"/> Full Time <input type="checkbox"/> Professional Hair Designer <input type="checkbox"/> Part Time <input type="checkbox"/> Receptionist <input type="checkbox"/> Shoe Caddy The typical Hair Saloon® For Men hours of operation are: Monday–Thursday, 8:00 am-8:00 pm; Friday 8:00 am–6:00 pm; Saturday 7:00 am–6:00 pm. Closed on Sundays. What hours are you available to work? Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____	When will you be available to begin work? Will you work overtime if required?
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If hired, can you provide documentation of your identity and eligibility for employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> You will be required, if hired, to complete an I-9 form	Will you work overtime if required?
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List any special licenses or certifications that you have that you believe would help you do the job applied for:

Do you have transportation to and from work? Yes No

EDUCATION

School	Name and Location of School	No. of Years Completed	Did You Graduate?	Degree or Diploma Received/ Course of Study
High			Yes <input type="checkbox"/> No <input type="checkbox"/>	
College			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Trade/ Graduate			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>	

MEMBERSHIP IN JOB-RELATED PROFESSIONAL, TRADE OR CIVIC ORGANIZATIONS _____

(Exclude those which may disclose your race, color, religion, sex, national origin, ancestry, age, mental or physical disability, citizenship status, or membership in any other protected class.)

EMPLOYMENT HISTORY Please give an accurate and complete listing of all full-time and part-time positions.
Start with present or most recent employment.

Company Name	Telephone
Address	Employed (Month & Year) From To
Name of Supervisor	Weekly Pay Start Last
Job Title and Description of Your Work	Reason for Leaving

Company Name	Telephone
Address	Employed (Month & Year) From To
Name of Supervisor	Weekly Pay Start Last
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Company Name	Telephone
Address	Employed (Month & Year) From To
Name of Supervisor	Weekly Pay Start Last
Job Title and Description of Your Work	Reason for Leaving

List any other job related experiences, special training, skills, apprenticeships, internships, etc.): _____

Were you ever discharged by any company? Yes No If yes, give name of company(ies): _____

Reason for discharge? _____

Have you ever had disciplinary problems (i.e. demotions, suspensions, warnings, etc.) with any previous employer, Please describe the circumstances: _____

REFERENCES

Name and Address _____ Phone _____

Name and Address _____ Phone _____

MISCELLANEOUS

During the last seven years (or since you were 18 years of age, whichever period is shorter), have you been convicted of a misdemeanor or a felony or convicted in a military court-martial? Yes No

If yes, state the crime and date of conviction: _____

You may omit information regarding convictions which have been expunged. Note: A conviction will not necessarily disqualify any applicant.

APPLICANT'S STATEMENT AND AUTHORIZATION**(Applicant should read carefully before signing)**

I certify that all of the information provided in this application and during the interview process is true and complete. I authorize the investigation of all statements contained in this application and/or made during the interview process. I understand that any misrepresentation or omission of facts called for in this application or during the interview process is cause for immediate dismissal.

I authorize Hair Saloon® For Men or its designee to contact my former employers for references regarding my work performance and other information concerning my previous employment, including the dates of my employment, my job titles and responsibilities, and my compensation. I hereby authorize my previous employers to respond to your requests and to provide you with the requested information, and I release all persons connected with any such request for information from all claims and liability which may arise from the release or use of such information.

I understand and agree that if I am employed, my employment will be for no definite period of time and may, regardless of the date of payment of my wages and salary, be terminated at any time, for any reason, with or without cause, with or without notice, at the option of either Hair Saloon® For Men or myself.

I understand that as a condition of my employment and continued employment I may be required to submit to a medical examination, including drug and alcohol screening, and I agree to submit to such examinations/tests and agree to provide all information necessary to conduct any such examinations/tests.

I also authorize Hair Saloon® For Men to deduct from my wages any amounts which may be due it as a result of overpayment of wages, loss or destruction of property or any other amounts which I may lawfully owe Hair Saloon® For Men, or for which I have received full consideration, as permitted by law.

Signature: _____ Date: _____

APPLICANT'S AUTHORIZATION TO PROCURE BACKGROUND INFORMATION**(Applicant should read carefully before signing)**

In connection with my application for employment with Hair Saloon® For Men, and/or as consideration for continuing employment, I understand that a consumer report or an investigative consumer report may be obtained by Hair Saloon For Men from one or more consumer reporting agency ("Agency"). A "consumer report" may contain information bearing on my character, general reputation, personal characteristics, mode of living, credit worthiness, credit standing or credit capacity. An "investigative consumer report" is a consumer report which includes information obtained through personal interviews with my neighbors, friends, or associates, or with others with whom I am acquainted or who may have knowledge concerning any such items of information.

I hereby authorize Hair Saloon® For Men to order a consumer report or an investigative consumer report containing financial and other information about me from a consumer reporting agency as part of Hair Saloon® For Men's investigation into my application for employment or at any time while I am employed by Hair Saloon® For Men.

Signature: _____ Date: _____

THIS PAGE FOR EMPLOYER'S USE ONLY

EMPLOYMENT HISTORY CHECK

Employer	Person Contacted	Results
1.		
2.		
3.		
4.		

COMMENTS

Employment History Verified by: _____ Date: _____