



Employment Application

Please Print Clearly:

Date: ___/___/___

Position applied for: _____

Full Name: _____

LAST FIRST MIDDLE

Address: _____ City _____

State _____ Zip _____

Phone: (____) _____ Cell Phone: _____

E-Mail Address: _____

Date available to start: ___/___/___ Social Security #: _____

Birthday (optional): ___/___/___ Salary Requirement: _____

If you are under 18 and we require a work permit, can you furnish one? Yes___ No___

Have you ever worked for Cloud9salon Yes ___No___ If yes, When?_____

Are you a citizen of the United States? Yes___ No___ If not, are you legally allowed to work in the U.S. Yes___ No___

Type of employment desired: Full- time ___ Part Time Temporary ___ Seasonal ___

Have you ever pled "guilty," "no contest," or been convicted of a crime?

Yes___No___ If yes, give dates and details.

Answering "yes" to these questions does not constitute an automatic rejection for employment.

Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

Is your application for employment at Cloud9salon a result of:

Advertisement ___ Referral ___ Salon Reputation ___ Other _____

EDUCATION:

High School: _____ # of Years Completed: _____ Did you graduate?

Yes___ No___

College/University _____ # of Years Completed: _____ Did you graduate?

Yes___ No___

Degree: _____ Major: _____

SALON OR SPA EDUCATION MAJOR:

Cosmetology: _____ Barber: _____ Esthetician: _____ Makeup Artist _____ Nail Technician: _____

Massage

Therapist: ___ Did you graduate? Yes___ No___

Hours Completed _____ Date Licensed in Connecticut _____

ADVANCED EDUCATION:

Academies _____

Hands On Classes _____ Other _____

REFERENCES:

Please furnish the names, addresses and telephone numbers of two people to whom you are not related and by whom you have not been employed:

Name: _____ Phone: (_____) _____

Address: _____ City: _____ State _____ Zip: _____

Name: _____ Phone: (_____) _____

Address: _____ City: _____ State: _____ Zip _____

SUMMARIZE YOUR SPECIAL SKILLS AND QUALIFICATIONS:

If possible would you want to specialize in one or more particular services and state why?

Yes__ No__

If a management opportunity was presented to you would be interested.? Yes__ No__

Is there a service which you have been licensed to perform for which you cannot. If so why?

Yes__ No__

PREVIOUS EMPLOYMENT (begin with most recent position:)

1. Dates of Employment: From _____ To _____ Position/ Title: _____

Firm: _____ Address: _____ Phone:() _____

Supervisor: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary _____



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Reason for Leaving:

May we contact this employer for a reference? Yes__ No__

2. Dates of Employment: From____ To____ Position/ Title: _____

Firm: _____ Address: _____ Phone:() _____

Supervisor: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary _____

Reason for Leaving:

May we contact this employer for a reference? Yes__ No__

3. Dates of Employment: From____ To____ Position/ Title: _____

Firm: _____ Address: _____ Phone:() _____

Supervisor: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary _____

Reason for Leaving:

May we contact this employer for a reference? Yes__ No__

ACKNOWLEDGEMENTS:

While employed by Cloud9salon you may be offered educational classes held within or outside of Cloud9salon. These classes may be scheduled on hours or days when you are not normally scheduled to work. You understand your attendance is voluntary and that you will not receive wages for time spent during educational classes whether or not paid for by Cloud9salon. You also

understand during your employment there may be staff meetings held after normal business hours or during your unscheduled work time. You understand your attendance is voluntary and you will not receive wages for your attendance at voluntary staff meetings.

MANDATORY MEETINGS WILL BE POSTED AS "MANDATORY" AND REGULAR WAGES WILL BE PAID FOR TIME SPENT IN ATTENDENCE OF MANDATORY MEETINGS HELD AFTER HOURS OR DURING YOUR UNSCHEDULED WORK TIMES.

I Agree _____ I Do Not Agree _____

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability when responding to inquiries in connection with my application. In the event I am employed, I understand that false or misleading information given in my application or interview may result in discharge.

Signature of Applicant: _____

Date: _____