



Application for Salon Employment

Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____ DOB ____/____/____

Full or Part Time _____ Desired Salary _____

Position applied for _____ Cosmetology License# _____

Location Preference (please circle) Snider Plaza/ West Village/ Shops at Legacy

Have you previously applied with Avalon Salons? If so, when and where?

Have you been convicted of a state or federal felony? If yes, please explain

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

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 _____

EMPLOYEEMENT HISTORY:

Employer (starting with present or most recent) _____ Phone # _____
Title _____ Supervisor _____
Reason for Leaving _____
Employed From/To _____ Compensation/Salary _____
Duties Performed _____

Employer (starting with present or most recent) _____ Phone # _____
Title _____ Supervisor _____
Reason for Leaving _____
Employed From/To _____ Compensation/Salary _____
Duties Performed _____

Employer (starting with present or most recent) _____ Phone # _____
Title _____ Supervisor _____
Reason for Leaving _____
Employed From/To _____ Compensation/Salary _____
Duties Performed _____

EDUCATION:

Name & City of Cosmetology School _____
Date Started _____ Date Graduated _____
Name & City of University _____ # years completed _____
Major _____ Degree Earned _____

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

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

REFERENCES:

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 _____

Avalon Salons is an At Will Employer where the employee is free to resign at will at any time with or without cause. Similarly, Avalon Salons may terminate the employment relationship at will at any time, with or without cause. I certify that the answers given are true and correct to the best of my knowledge. I authorize Avalon Salons to verify any representations made by me either oral or written concerning personal employment, financial and/or other related matters as may be necessary in arriving at an employment decision. I understand that Avalon Salons 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 any interviews) may result in discharge. I also understand that the prior written consent of Avalon Salons is required for participation in outside ventures or additional employment should I enter into an employment agreement with Avalon Salons.

Signature _____ Date _____