

RED HOUSE SALON

NAME: _____
 FIRST MIDDLE LAST SOCIAL SECURITY NUMBER

 STREET ADDRESS CITY STATE ZIP CODE

 ()
 PHONE NUMBER COSMETOLOGY LICENSE NUMBER ARE YOU 18 OR OLDER? ___ YES ___ NO

EMPLOYMENT HISTORY MAY WE CONTACT YOUR PRESENT/ PAST EMPLOYERS? ___ YES ___ NO EXPLAIN _____
4 MOST RECENT JOBS: (IF NOT APPLICABLE, LIST U.S. MILITARY, VOLUNTEER WORK OR PERSONAL REFERENCES.)

COMPANY _____ LOCATION _____
 PHONE _____ JOB TITLE _____
 SUPERVISOR _____ DATES WORKED FROM _____ TO _____
 SALARY _____ REASON FOR LEAVING _____ REFERENCE CHECK DONE BY _____

COMPANY _____ LOCATION _____
 PHONE _____ JOB TITLE _____
 SUPERVISOR _____ DATES WORKED FROM _____ TO _____
 SALARY _____ REASON FOR LEAVING _____ REFERENCE CHECK DONE BY _____

COMPANY _____ LOCATION _____
 PHONE _____ JOB TITLE _____
 SUPERVISOR _____ DATES WORKED FROM _____ TO _____
 SALARY _____ REASON FOR LEAVING _____ REFERENCE CHECK DONE BY _____

COMPANY _____ LOCATION _____
 PHONE _____ JOB TITLE _____
 SUPERVISOR _____ DATES WORKED FROM _____ TO _____
 SALARY _____ REASON FOR LEAVING _____ REFERENCE CHECK DONE BY _____

EDUCATION

SCHOOL	CITY/STATE	# OF YEARS COMPLETED	DIPLMA / DEGREE / LICENSE / CERTIFICATE
_____	_____	19 - _____	_____
HIGH SCHOOL	_____	19 - _____	_____
COLLEGE	_____	19 - _____	_____
COSMETOLOGY SCHOOL	_____	19 - _____	_____

REFERENCES: PLEASE PROVIDE THE NAMES OF 3 PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

NAME	ADDRESS	OCCUPATION	YEARS ACQUAINTED
NAME	ADDRESS	OCCUPATION	YEARS ACQUAINTED
NAME	ADDRESS	OCCUPATION	YEARS ACQUAINTED

AVAILABILITY:

TOTAL HOURS AVAILABLE PER WEEK _____ HOURS OF AVAILABILITY : _____ FROM _____ TO _____

M T W TH F S S

ARE YOU LEGALLY ABLE TO BE EMPLOYED IN THE U.S.: Y/N _____ HOW DID YOU HEAR OF THE JOB? _____
(PROOF OF CITIZENSHIP OR IMMIGRATION STATUS IS REQUIRED UPON EMPLOYMENT)

DO YOU HAVE TRANSPORTATION TO WORK? Y/N _____ ON WHAT DAY WILL YOU BE AVAILABLE TO WORK? ____/____/____

POSITIONS APPLIED FOR: _____ DESIRED SALARY: _____

ADDITIONAL INFORMATION:

DO YOU HAVE A FRIEND OR RELATIVE IN OUR EMPLOY? ____YES ____NO IF YES, STATE NAME AND POSITION _____
HAVE YOU BEEN PREVIOUSLY EMPLOYED BY OUR COMPANY? ____YES ____NO
IF YES, WHERE, WHEN AND IN WHAT CAPACITY? _____

IN THE PAST 7 YEARS, HAVE YOU EVER BEEN CONVICTED OF A CRIME, EXCLUDING MISDEMEANORS AND TRAFFIC VIOLATIONS? ____YES ____NO IF YES. PLEASE DESCRIBE IN FULL _____
A CONVICTION WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT.

AGREEMENT: Candidate please read and attest to the following statement.

I certify that the information I have given on this application is true and complete and understand that any false or misleading information given, or the omission of any pertinent information may result in my discharge at any time, if I am hired. I hereby authorize the Company to investigate my record with my former employers and personal references. If hired, I agree to abide by the policies, rules and expectations of the Company. I also understand that my employment is "at will" and that I can resign at any time and that I can be terminated at any time. Nothing herein or during my employment shall be considered an employment contract.

Candidate Signature _____ / ____/____/____
Date of Application

PERSONNEL DEPARTMENT USE ONLY

EMPLOYED YES NO STARTING DATE: ____/____/____ POSITION TITLE: _____

HOURLY RATE ____ YES ____ NO \$ _____ SALARY ____ YES ____ NO \$ _____ COMMISSION ____ YES ____ NO _____ %

____ FULL TIME ____ PART TIME _____

AUTHORIZED BY _____ DATE _____