

MARYJANE & Company

HAIR STUDIO

Application for Employment

Please complete application and its entirety.

Thank you in advance for helping us get to know you better.

Full Name:

_____ Date of Birth: ____/____/____ Last First MI Day Month Year

Current Address:

_____ Street Address Apartment/Unit #

City: _____ State: _____

_____ Zip: _____ Home

Phone: _____ Cell Phone: _____

_____ E-mail: _____

Emergency contact: _____

Phone: _____ Relationship: _____

Social Security #: _____ - _____ - _____ Position Applied for: _____

_____ Date available to start: _____

_____ Do you have a reliable method of transportation to arrive to work? YES, NO What are your available days and hours to work?

M _____ T _____ W _____ TH _____ F _____

_____ S _____

Are you a U.S. Citizen? YES, NO If no, are you authorized to work in the

U.S.?Have you ever been convicted of a felony?

(circle one)YES, NO (circle one)YES NO (circle one) If yes, please explain below:

Education and Experience

High School: _____ Location:

From: _____ To: _____ Did you graduate? YES NO (circle one)
mo/yr mo/yr

If yes, when? _____ mo/yr

College: _____ Location:

From: _____ To: _____ Did you graduate? YES NO (circle one)
mo/yr mo/yr

If yes, when? _____ mo/yr

Major: _____ Degree:

Do you have a GED? YES NO (circle one) If yes, when?

mo/yr

Did you attend Cosmetology school?

Did you graduate? YES NO

Please answer the following questions based on your experiences in the beauty industry:

(circle one) If yes, where? _____

Name/Location

If yes, when? _____

(circle one) Did you pass and obtain your license? YES NO License # and state: _____ Expiration Date: _____

Did you take the state board exam? (circle one)

YES NO (circle one) YES NO

I am competent to work in the areas checked: _____ Hair cutting

_____ Permanent waving _____ Relaxer application

_____ Color Application _____ Foil highlighting

_____ Sew-In Extensions _____ Flat Iron/Ceramic Iron

_____ Braids _____ Formal Styles/Up-Do's

_____ Bonding (hair extensions)

_____ Blow Drying _____ Curling Iron / Straightener

_____ Trichology _____ Roller setting

_____ Manicure/Pedicure _____ Eye Brow shaping

_____ Make-up Application _____ Waxing _____

Natural Hair Styling _____ Wig styling

Advanced Training—List specialized or advanced training that you have received within the beauty industry:

Have you ever participated in any beauty/styling competitions or received any awards pertaining to the beauty industry? YES NO (circle one) If yes, please list below:

Please tell us about the color or product lines you are familiar with:

Name 1. _____

2. _____ 3.

Phone Number _____

Years Known/Relationship _____

Cosmetology/Professional References:

Why did you choose to apply at MJCHS?

Do you currently have any salon experience? Please explain:

Do you consider yourself a leader or a follower? Please explain:

Are you employed now? If yes, why do you want to leave that position?

If hired, what would you hope to gain from working at MJCHS? What are your goals in the beauty industry?

How many guests do you think you can bring in weekly on your own?

Our salon is built on VOLUME & PERFORMANCE. What was your performance in school? Average Service dollar/guest?

Obviously you would like to join our team, why should you be our first choice?

What are your professional and/or future goals and how would you be an

asset to the MJCHS team:

Work Experience

Employer Address Job Title Specific Duties

Reason For Leaving Employer Address Job Title

Specific Duties

(Most Recent First)

(Include military experience) From (Month/Year)

To (Month/Year) Starting Salary Last Salary Supervisor

May We Contact This Employer? Yes No From (Month/Year)

To (Month/Year) Starting Salary

Telephone Number () -

Hours Per Week

Telephone Number () -

Hours Per Week

Last Salary

Reason For Leaving Employer Address Job Title

Specific Duties

Reason For Leaving

Supervisor

May We Contact This Employer? Yes From (Month/Year)

To (Month/Year) Starting Salary Last Salary Supervisor

May We Contact This Employer? Yes

Important: Please read the following statements carefully before you sign and return this application

No

Telephone Number () -

Hours Per Week

No

I understand that this application is not a contract, offer or promise of employment. Likewise, MJCHS can terminate my employment at any time with or without cause. Furthermore I understand that no person other than the president of MJCHS has the authority to enter into an employment contract with me and that any exception to my at-will relationship must be evidenced by a written agreement by me and the President of MJCHS.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and any included resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS. EMAIL TO MJCLIFESTYLE@GMAIL.COM or fax to 404-768-3003

Signature:

_____ Date: _____ E

FOR OFFICE USE ONLY: Comments:

1st Interview Date: _____ Interviewed by: _____
2nd Interview Date: _____
Interviewed by: _____ New Hire Date: _____
Start Date: _____