



Leonardtown

Charlotte Hall

ASSOCIATE/SERVICE PROVIDER APPLICATION FOR EMPLOYMENT

Your interest in our company is appreciated and we assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets our needs and your qualifications. You must complete the entire application to be considered for employment.

ABOUT YOU:

APPLICANTS FULL NAME: _____ DATE: _____

NICKNAME: _____ SOCIAL SECURITY #: _____

EMAIL ADDRESS: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE NUMBER: _____ CELL PHONE NUMBER: _____

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

SOCIAL MEDIA

PERSONAL FACEBOOK PAGE ADDRESS: _____

PROFESSIONAL L FACEBOOK PAGE ADDRESS: _____

PERSONAL INSTAGRAM PAGE ADDRESS: _____

PROFESSIONAL INSTAGRAM PAGE ADDRESS: _____

OTHER PROF. SOCIAL MEDIA PAGE ADDRESSES: _____

HOW DID YOU HEAR ABOUT THE HAIR COMPANY?

Newspaper Walk in/Drive By Mailer Facebook ad

Internet: *Where?* _____ Hair Co Team Member
Team Members Name: _____

Hair Co Guest Other: *Please list:* _____
Guests Name: _____

CAREER DESIRES:

WHICH LOCATION ARE YOU INTERESTED IN WORKING IN?

LEONARDTOWN CHARLOTTE HALL EITHER/BOTH

POSITION DESIRED:

ASSOCIATE STYLIST AESTHETICIAN

STYLIST MAKE UP ARTIST

NAIL TECHNICIAN OTHER: PLEASE NOTE: _____

EMPLOYMENT HOURS:

(32 OR MORE HOURS IS CONSIDERED FULL TIME) FULL TIME PART TIME

PLEASE SPECIFY THE DAYS AND HOURS YOU ARE AVAILABLE TO WORK: Note: Associate Stylist scheduled mirror that of the Educator they are working under. All stylist are required to work at minimum 3 nights until close per week and EVERY Saturday while building (through Level 2). As you are promoted, your schedule becomes more flexible. Upon reaching Level 4, you may have 1 Saturday per month.

MONDAY: _____ FRIDAY: _____
 TUESDAY: _____ SATURDAY: _____
 WEDNESDAY: _____ SUNDAY: _____
 THURSDAY: _____

Is there any reason that you would not be able to be at work, on time, every day? (circle one) YES NO

Please explain:

WHEN ARE YOU AVAILABLE TO START? _____

PAY DESIRED: (circle one) Salary Hourly Commission AMOUNT: \$ _____

SKILLS/EXPERIENCE

Please check the box that best describes you skill level in each area. PLEASE be totally honest (remember, we are a training salon. It ok to say you don't know how to 'YET'.)

	LITTLE TO NO EXPERIENCE	NEED MORE TRAINING	AVERAGE SKILLS	QUITE COMFORTABLE	VERY COMFORTABLE	WILLING TO LEARN MORE
Shampooing						
Rinsing color/perms						
Assisting Color Appl.						
Consultations						
Hair Cutting-Men						
Hair Cutting-Women						
Round Brush Styling						
Hot Tool Styling						
Up Do Styling						
Single Process Color Appl.						
Color Formulation						
Foiling						
Balayage/Painting						
Relaxers						
Smoothing Treatments						
Permanent Waves						

Facial Waxing						
Body Waxing						
Brow/Lash Tinting						
Skin Treatments/Facials						
Make Up Application						
Make Up Lessons						
Pedicures						
Manicures						
Nail Enhancement						
Goal Setting						
Planning your day for success						
Tracking Results						
Constructive Criticism						
Customer Service						
How to WOW the guest						
Sales						
Computers						
Scheduling Appointments						
Phone Handling						
Clerical						
Spreadsheets						
Inventory Management						
Social Media Marketing						
Graphic Design						
Other: (Please list)						

EDUCATION/TRAINING:

**Cosmetology
School:**

Attended

Currently Attending

Plan to Attend - plan to start:

Did you graduate:

YES

NO

Please check the box that applies, and enter the information following.

Please note the school you plan to attend on the following page.

Name of School: _____ **Lead Teacher:** _____

Course of Study: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone #: _____ **Email:** _____

Which Maryland Board license(s) (if any) do you currently hold?

STYLIST SR. COSMETOLOGIST NAIL TECH AESTHICIAN

If you are **CURRENTLY** a STUDENT
Cosmetology Student or APPRENTICE

I anticipate completion of my training on or by: _____

I plan to have taken my St. Board exams by: _____

Approximately how many advanced training seminars/shows/classes have you attended in the past year?

In Salon _____ Outside of Salon _____

Approximately how many online trainings, (via youtube, facebook, periscope, etc., do you participate in per month?

Please list any advanced academies/courses/shows you have completed:

Please list your favorite 'online' learning sites/pages:

WHAT ARE YOUR GOALS

Please answer the following questions. (You may use the back of the page if needed)
 What are your goals? (Where do you want to be in 1 year, in 5 years, or 10 years?)

PERSONAL GOALS	PROFESSIONAL GOALS
1 _____	1 _____
2 _____	2 _____
3 _____	3 _____

Income Goals

What would you consider an ideal annual income after one year: \$ _____
 After 3 years: \$ _____
 After 7 years: \$ _____

What are you looking for in the 'Ideal Salon' to work in?

Are you looking for a **JOB** or a **Career**? (Please think on this before answering) **JOB** **Career**

Please explain what you think the differences are in 'JOB vs Career':

If employed, why do you want to leave your current employment?

Describe what you feel would be your typical day at The Hair Company if hired:

How would you build your business behind the chair?

EMPLOYMENT HISTORY

Please provide employment information for your past employers, beginning with the most recent.

Company 1 Name: _____ **Position held:** _____

City: _____ **State:** _____ **Zip:** _____

Dates employed: START (month/year): _____ END (month/year): _____

Job Summary/Duties: _____

Reason for leaving: _____

Immediate Supervisor: _____ **Phone #:** _____

Are you still employed with this company? YES NO

May we contact them if you are still employed? YES NO

Would this person rehire you? (please explain below) YES NO NOT SURE

Company 2 Name: _____ Position held: _____

City: _____ State: _____ Zip: _____

Dates employed: START (month/year): _____ END (month/year): _____

Job Summary/Duties: _____

Reason for leaving: _____

Immediate Supervisor: _____ Phone #: _____

Are you still employed with this company? YES NO

May we contact them if you are still employed? YES NO

Would this person rehire you? (please explain below) YES NO NOT SURE

Company 3 Name: _____ Position held: _____

City: _____ State: _____ Zip: _____

Dates employed: START (month/year): _____ END (month/year): _____

Job Summary/Duties: _____

Reason for leaving: _____

Immediate Supervisor: _____ Phone #: _____

Are you still employed with this company? YES NO

May we contact them if you are still employed? YES NO

Would this person rehire you? (please explain below) YES NO NOT SURE

REFERENCES

List below names of three people, not related to you, that have known your for a minimum of one year, (someone that you've worked with, a former teacher, coach, etc...).

Name: _____ Occupation: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

How do you know them? _____ How long have you known them: _____

Name: _____	Occupation: _____
City: _____	State: _____ Zip: _____
Email Address: _____	Phone: _____
How do you know them? _____	How long have you known them: _____

Name: _____	Occupation: _____
City: _____	State: _____ Zip: _____
Email Address: _____	Phone: _____
How do you know them? _____	How long have you known them: _____

CRIMINAL RECORD:

Have you ever been convicted of a felony or misdemeanor crime?

YES

NO

If yes, please explain:

EMERGENCY CONTACT

Name of contact in the event of an emergency?

Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

PLEASE REVIEW YOUR APPLICATION AND ENSURE IT IS COMPLETED IN FULL.**ACKNOWLEDGEMENT:**

Agreement & Acknowledgement I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I also agree that any false information, misrepresentation, or omissions, whether oral or written, may disqualify me from further consideration for employment and may result in discipline or dismissal if discovered at a later date. I authorize a thorough investigation of all statements and references contained in this application and my employment history, including discipline and attendance records.

Signature: _____ Date: _____

PLEASE NOTE: If we currently do not have the position you are applying open, or if another candidate is hired, would you like us to keep your application on file for future positions?

YES

NO