



f i d d l e h e a d s s a l o n

## APPLICATION FOR EMPLOYMENT

NAME \_\_\_\_\_

DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_ FULL- OR PART-TIME? \_\_\_\_\_

POSITION APPLIED FOR:

STYLIST \_\_\_\_\_

ASSISTANT \_\_\_\_\_

RECEPTIONIST \_\_\_\_\_

COSMETOLOGY LICENSE # \_\_\_\_\_

LOCATION PREFERENCE (PLEASE CIRCLE) DUPONT CIRCLE BLOOMINGDALE

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: \_\_\_\_\_

ARE YOU PRESENTLY EMPLOYED? \_\_\_\_\_

MAY WE CONTACT YOUR EMPLOYER? \_\_\_\_\_

DATE YOU CAN BEGIN EMPLOYMENT \_\_\_\_\_

## YOUR STYLE

WHY ARE YOU A GOOD FIT FOR THE FIDDLEHADS FAMILY? \_\_\_\_\_

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WHAT ARE YOUR PROFESSIONAL STRENGTHS? \_\_\_\_\_

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WHAT ARE YOUR BIGGEST CHALLENGES? \_\_\_\_\_

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ARE THERE ANY EXISTING CIRCUMSTANCES OR CONDITIONS THAT WOULD PREVENT YOU FROM ADHERING TO YOUR SCHEDULE?? \_\_\_\_\_

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## EMPLOYMENT EXPERIENCE

**EMPLOYER** (STARTING WITH PRESENT OR MOST RECENT) \_\_\_\_\_

PHONE # \_\_\_\_\_

TITLE \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

DATES EMPLOYED (FROM/TO) \_\_\_\_\_

COMPENSATION/SALARY \_\_\_\_\_

DUTIES PERFORMED \_\_\_\_\_

**EMPLOYER** (STARTING WITH PRESENT OR MOST RECENT) \_\_\_\_\_

PHONE # \_\_\_\_\_

TITLE \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

DATES EMPLOYED (FROM/TO) \_\_\_\_\_

COMPENSATION/SALARY \_\_\_\_\_

DUTIES PERFORMED \_\_\_\_\_

**EMPLOYER** (STARTING WITH PRESENT OR MOST RECENT) \_\_\_\_\_

PHONE # \_\_\_\_\_

TITLE \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

DATES EMPLOYED (FROM/TO) \_\_\_\_\_

COMPENSATION/SALARY \_\_\_\_\_

DUTIES PERFORMED \_\_\_\_\_

## TRAINING

NAME & CITY OF COSMETOLOGY SCHOOL \_\_\_\_\_

DATE STARTED \_\_\_\_\_

DATE GRADUATED \_\_\_\_\_

NAME & CITY OF UNIVERSITY \_\_\_\_\_

NUMBER OF YEARS COMPLETED \_\_\_\_\_

MAJOR \_\_\_\_\_

DEGREE EARNED \_\_\_\_\_

PLEASE LIST ALL ADVANCED COURSES, TRAINING, EDUCATIONAL SEMINARS, AND CONFERENCES YOU HAVE ATTENDED:

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PLEASE LIST ALL PROFESSIONAL MEMBERSHIPS THAT WILL BE BENEFICIAL TO YOUR WORK IN THIS POSITION:

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**REFERENCES**

PLEASE INCLUDE AT LEAST TWO PROFESSIONAL REFERENCES; ONE MAY BE PERSONAL.

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

Fiddleheads Salon is an At-Will Employer where the employee is free to resign at will at any time with or without cause. Similarly, Fiddleheads Salon 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 Fiddleheads Salon 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 Fiddleheads Salon 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 immediate termination. I also understand that the prior written consent of Fiddleheads Salon is required for participation in outside ventures or additional employment should I enter into an employment agreement with Fiddleheads Salon.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_