



APPLICATION FOR EMPLOYMENT

Personal Information

Name:	Date:
Current Address:	City, State, Zip Code:
Permanent Address:	City, State, Zip Code
Phone No. () -	Referred By:
Email Address:	Do you have a resume to present? YES NO <i>If so please leave a copy</i>

Professional Information

Position:	Available Start Date:	Salary Desired:
Are You Currently Employed? YES NO	If so, may we contact your present employee? YES NO	If yes, list name and contact number: () -
Have you applied to Salon Kroma before? YES NO	When/Where?	Are you applying for FULL-TIME or PART-TIME employment? Circle one
Can you work Saturdays? YES NO	Do you understand that there may be times when you'll have to arrive early or stay after hours to accommodate a client or assist a co worker? YES NO	Are there specific days/times you are UNABLE to work?
Do you have an NC Cosmetology License? YES NO	If NO, do you have an out of state Cosmetology License? YES NO	Year in the Cosmetology industry.....

Education History

<u>Name & Location of School</u>	<u>Years Attended</u>	<u>Did You Graduate?</u>	<u>Subjects Studied</u>



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High School:			
College:			
Cosmetology School:			

Would you consider Continued Education to be an important part of your professional career? Please elaborate.....

What/When was the last Education course/event you attended?

Please list the color lines you are educated in.

Please circle the service(s) you will be able to perform upon acquiring a position at Salon Kroma.

Cutting (men, women & children) Blow-dry Styles Hi/Low lighting Single Process Color
 Balayage Dimensional Color Base Breaking Perm/Body Wave Thermal Straighter
 Relaxer Up-Do Make-Up Application Color Correction Eyebrow: Threading, Wax,
 Tinting Shampoo Sets Eyelash: Tinting, Extensions Hair Extensions Keratin Services

List any specialty services you perform that are not listed above.....

Work History (List below your last four employers)

<u>Date</u> <u>Month & Year</u>	<u>Name & Contact</u> <u>Number of Employer</u>	<u>Salary</u>	<u>Position</u>	<u>Reason For</u> <u>Leaving:</u>
<u>From:</u> <u>To:</u>	() -			
<u>From:</u> <u>To:</u>	() -			

From: To:	() -			
From: To:	() -			

References (List below the names of three persons not related to you, whom you have known at least one year.)

<u>Name:</u>	<u>Phone Number:</u>	<u>Business:</u>	<u>Relation/Years Known:</u>
	() -		
	() -		
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Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature: _____ **Date:** _____

-----DO NOT WRITE BELOW THIS LINE-----

Interviewed By: _____ Date: _____

Remarks

Appearance/Neatness:	Character:
Personality:	Ability:

Hired:	Position:	Effective Start Date:	Wages:	
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Approved:1) _____
Dara Florio – CO-Owner2) _____
Sandy Florio – CO-Owner