



Hair Crafters

602 Lincoln Way East, South Bend, IN 46601

574-288-2448 www.hair-crafters.com Email: care@hair-crafters.com

EMPLOYMENT APPLICATION

Hair Crafters is an Equal Employment Employer. The Civil Rights Act of 1964 prohibits discrimination in employment based on race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most states also prohibit some or all of the above types of discrimination as well as some additional types of discrimination based upon ancestry, mental status or physical or mental handicap or disability. Do not answer any questions if you feel they will violate your rights.

Personal Information

Today's Date: _____ Email: _____

Full Name: _____ Telephone #: _____

Address: _____
Street Name, City, State, Zip Code

Which position are you applying for? _____

List the date you would be available to work: _____

Have you ever been convicted of a crime, including misdemeanors, in the past ten years or still pending in the court system? If yes, please describe: Yes No

Do you have any physical condition that may prevent you from performing any salon related activity? If yes, please describe: Yes No

Have you had any illness or major injury in the past year? If yes, describe: Yes No

Have you received compensation for injuries? If yes, please describe: Yes No

How did you hear about Hair Crafters? Please list: _____

Why do you want to work at Hair Crafters? _____

Education

High School: _____ City & State: _____

Did you graduate? YES NO If no, how many years completed? _____ GED? YES NO

College / University _____ City & State: _____
Beauty School

Did you graduate? YES NO Major(s): _____

Work History

<u>SALON/COMPANY</u>	<u>ADDRESS</u>	<u>FROM</u> <u>(MM/YR)</u>	<u>TO</u> <u>(MM/YR)</u>	<u>Position</u>	<u>Pay</u>
1.					
Reason for Leaving:		Owner/Manager Name:			
2.					
Reason for Leaving:		Owner/Manager Name:			
3.					
Reason for Leaving:		Owner/Manager Name:			
4.					
Reason for Leaving:		Owner/Manager Name:			

1. # of Years in Salon Industry _____
2. List special interests (perms, pedicures, etc.) _____
3. Would you like to specialize in any particular service? YES NO
4. If yes, please list which services: _____
5. Are you interested in exploring management opportunities at Hair Crafters? YES NO

REFERENCES - Please provide two references, not related to you.

Name – Company – Position – Phone Number

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The facts set forth in this application for employment at this salon are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any inquiries of my personal history in establishing my credibility for employment at this salon. This includes personal interviews with past employers and references as to my personal character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional information regarding such inquiries.

Signature of Applicant _____ Date: _____