

BELLA SALON AND SPA

EMPLOYMENT APPLICATION

CONTACT INFORMATION		DATE	
Name		Social Security No.	
Present Address	City	State	Zip
Permanent Address	City	State	Zip
Referred By		Phone Number	

EMPLOYMENT DESIRED	
Position	Date You Can Start
Hours Available	Salary Desired

PERSONAL INFORMATION	
Do you currently work at Bella Salon and Spa?	
If yes, please list	
Cosmetology License Number	Date of issue
Do you have a PA License?	
If no, list licensing in other States/Countries	
If employed, and you are under 18, can you furnish a work permit?	
Have you ever been employed with Bella Salon and Spa?	
Have you filled out an application in the past?	
Are you prevented from lawfully becoming employed in this country because of a Visa or Immigration Status? (Proof of citizenship may be required upon employment)	
Have you been convicted of a felony within the last 7 years? (Conviction will not necessarily disqualify applicant from employment)	
If yes, please explain	
Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation, or the presence of a non-job-related medical condition or handicap.	

TRAINING AND EMPLOYMENT HISTORY	
Name and Address of Beauty School	
Dates Attended	
When was the last class you attended?	
What was it?	
Other training	
Are you currently employed?	If yes, where?
May we contact your present employer?	
Present employer's contact information:	

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TRAINING AND EMPLOYMENT HISTORY

Please list your previous employers (most current first).

1. Name

Address

Employed to/from

Salary

2. Name

Address

Employed to/from

Salary

3. Name

Address

Employed to/from

Salary

PERSONALITY QUESTIONNAIRE

Why do you want to work at Bella Salon and Spa?

Name three strengths that you would bring to Bella Salon and Spa.

Name three areas you would like to improve upon (may be unrelated to the craft).

What kind of work environment do you thrive in?

SIGNATURE

I certify that the information provided on this application is true and accurate to the best of my knowledge.

Signature

Date

I give permission to Bella Salon and Spa to obtain my background information.

Signature

Date