

# THE FACTORY SALON STYLIST APPLICATION

INSTRUCTIONS: PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION BELOW.

FULL NAME INCLUDING ALIASES: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DO YOU HAVE A LEGAL RIGHT TO BE EMPLOYED IN THE UNITED STATES?  YES  NO

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

FACEBOOK PAGE?  NAME: \_\_\_\_\_ INSTAGRAM PAGE?  NAME: \_\_\_\_\_

EDUCATIONAL BACKGROUND (CIRCLE THE HIGHEST GRADE COMPLETED) HIGH SCHOOL  12 COLLEGE  1  2  3  4

COSMETOLOGY TRAINING: COSMETOLOGY SCHOOL YOU ATTEND(ED): \_\_\_\_\_

OTHER CLASSES/CERTIFICATIONS: \_\_\_\_\_

IF APPLICABLE, DO YOU HAVE A FLORIDA OR OTHER STATE BOARD OF COSMETOLOGY LICENSE?  YES  NO

State: \_\_\_\_\_ License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ # CLIENTS: \_\_\_\_\_

IF YES, WHEN WOULD YOU BE AVAILABLE TO WORK? \_\_\_\_\_

IF NO, PLEASE EXPLAIN: \_\_\_\_\_

WHEN WILL YOU GRADUATE FROM COSMETOLOGY SCHOOL? \_\_\_\_\_

POSITION APPLYING FOR: SALON STYLIST (QUALIFIED) \_\_\_\_\_ LEVEL  1  2  3

REFERENCES (3 YEAR MINIMUM 2 PROFESSIONAL AND 1 PERSONAL - NOT RELATED):

\_\_\_\_\_  
PHONE: \_\_\_\_\_

\_\_\_\_\_  
PHONE: \_\_\_\_\_

\_\_\_\_\_  
PHONE: \_\_\_\_\_

EMPLOYMENT HISTORY (3 MINIMUM OR LAST 5 YEARS):

COMPANY NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

RESPONSIBILITIES/DUTIES: \_\_\_\_\_

WAGE/COMMISSION: STARTING \_\_\_\_\_ ENDING: \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

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

COMPANY NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_  
RESPONSIBILITIES/DUTIES: \_\_\_\_\_  
WAGE/COMMISSION: STARTING \_\_\_\_\_ ENDING: \_\_\_\_\_  
EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_  
RESPONSIBILITIES/DUTIES: \_\_\_\_\_  
WAGE/COMMISSION: STARTING \_\_\_\_\_ ENDING: \_\_\_\_\_  
EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

LIST THE COMPANY NAMES YOU DO NOT WISH US TO CONTACT:

\_\_\_\_\_

AVAILABILITY: PLEASE LIST THE FULL-TIME HOURS YOU ARE AVAILABLE TO WORK:

TUESDAY \_\_\_\_\_ WEDNESDAY \_\_\_\_\_ THURSDAY \_\_\_\_\_ FRIDAY \_\_\_\_\_ SATURDAY \_\_\_\_\_

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ON THE ABOVE APPLICATION IS TRUE. I UNDERSTAND THAT NOTHING CONTAINED IN THIS APPLICATION OR IN THE GRANTING OF AN INTERVIEW IS INTENDED TO CREATE A CONTRACT BETWEEN MYSELF AND THE FACTORY SALON OR THE PROVISION OF ANY BENEFITS. THE SIGNING OF THIS DOCUMENT AUTHORIZES A COMPREHENSIVE BACKGROUND CHECK AND E-VERIFICATION PRIOR TO ENTERING INTO A CONTRACT WITH THE FACTORY SALON.

DATE: \_\_\_\_\_

X

\_\_\_\_\_  
A P P L I C A N T L E G A L S I G N A T U R E

\*PLEASE ATTACH A COPY OF YOUR MOST RECENT RESUME, IF YOU HAVE ONE.