



Application for Employment

Name _____ Date _____

Street Address _____

City, State, Zip _____

Home Phone _____ Other Phone(s) _____

SS# _____ Date of Birth _____

What position are you applying for? (Please circle one)

ASSISTANT (HAIR) – HAIR STYLIST - NAIL SPECIALIST – ESTHETICIAN

MASSAGE THERAPIST – MAKE UP ARTIST – RECEPTIONIST

Date you can start _____ Salary Desired _____

How did you hear about Bangz Salon & Spa? _____

Do you know anyone who has worked at Bangz Salon & Spa? If yes, who? _____

Why do you feel you would be an asset to this salon /spa? _____

Have you had advanced experience or training for the position for which you are applying?

If yes, please describe _____

Have you worked in a Salon before? *(If yes, list name, location, position, dates & length of employment)*

What are some of the things you would like to achieve during the next year?

What days/hours are you available to work? (CIRCLE ONE)

Part Time (under 40 hours) Full Time (40 hours)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Education

School Level	Name and location of school	No. of years attended	Did you graduate?	Subjects studied
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

Former Employers

Please List below Last Three Employers - Starting with the Most Recent One First

Name of Present or Last Employer				
Address		City	State	Zip
Starting Date	Leaving Date		Job Title	
Weekly Starting Salary	Weekly final salary	May we contact your supervisor yes____ no____		
Name of Supervisor		Title	Phone ()	
Description of Work				
Reason for Leaving				

Name of Present or Last Employer				
Address		City	State	Zip
Starting Date	Leaving Date		Job Title	
Weekly Starting Salary	Weekly final salary	May we contact your supervisor yes____ no____		
Name of Supervisor		Title	Phone ()	
Description of Work				

Reason for Leaving

Name of Present or Last Employer			
Address	City	State	Zip
Starting Date	Leaving Date	Job Title	
Weekly Starting Salary	Weekly final salary	May we contact your supervisor yes____ no____	
Name of Supervisor	Title	Phone ()	
Description of Work			
Reason for Leaving			

References

	Name	Address	Business	Years Acquainted
1				
2				
3				

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 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 authorized company representative."

DATE SIGNATURE

Please fax this completed application and your resume to 813.281.9076

Thank you for you interest in Bangz Salon & Spa! Gina Logan (Owner)