



## Design 1 Salon Spa . Employment Application

Position Applying For \_\_\_\_\_ Date of Application \_\_\_\_\_

### Contact Information

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Telephone # \_\_\_\_\_ Mobile # \_\_\_\_\_

Email Address \_\_\_\_\_

### Personal Information

Cosmetology License Number \_\_\_\_\_ Date of issue \_\_\_\_\_

Do you have a Michigan Cosmetology License? \_\_\_\_\_

If no, list licensing in other States/Countries \_\_\_\_\_

Is there anything that would hinder you from performing required tasks?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain \_\_\_\_\_

If employed, and you are under 18, can you furnish a work permit? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever previously been employed with Design 1 Salon Spa? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status may be required upon employment)  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been convicted of a felony within the last 7 years? (Conviction will not necessarily disqualify applicant from employment)  
\_\_\_\_\_ Yes \_\_\_\_\_ No

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 non-job-related medical condition or handicap.

### Training and Employment History

Name and Address of Cosmetology/Massage School \_\_\_\_\_

Dates attended \_\_\_\_\_

When was the last class you attended? \_\_\_\_\_

What class was it? \_\_\_\_\_

Other training \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If yes, where? \_\_\_\_\_

May we contact your present employer? \_\_\_\_\_

Present employer's contact information \_\_\_\_\_

Please provide all employment information for your past four employers starting with the most recent.

1. Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Immediate Supervisor & Title: \_\_\_\_\_  
Dates employed: From \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_  
Job Summary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_
  
2. Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Immediate Supervisor & Title: \_\_\_\_\_  
Dates employed: From \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_  
Job Summary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_
  
3. Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Immediate Supervisor & Title: \_\_\_\_\_  
Dates employed: From \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_  
Job Summary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_
  
4. Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Immediate Supervisor & Title: \_\_\_\_\_  
Dates employed: From \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_  
Job Summary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

### Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates and/or other qualifications:

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### Education History

List school name and location, years completed, course of study and any degrees earned:

High School: \_\_\_\_\_  
College: \_\_\_\_\_  
Technical Training: \_\_\_\_\_  
Other: \_\_\_\_\_

## References

List 3 references names, telephone numbers and years known (do not include relatives or employers):

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
How many years known? \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
How many years known? \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
How many years known? \_\_\_\_\_

Why do you want to work at Design 1 Salon Spa?

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Name three strengths that you would bring to Design 1 Salon Spa.

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Name three areas that you would like to improve upon (may be unrelated to the craft).  
What kind of work environment do you thrive in?

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## Signature

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

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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